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VITALES SUSTINETE

TRANSACTIONS

OF THE

National Eclectic Medical Association

OF THE

UNITED STATES OF AMERICA

Organized June, 1905

Of the Thirty-Fifth Annual Meeting held at
New York, June 27 28, 29, 1905
together with the

ADDRESSES, PAPERS AND ESSAYS

Before the Association, and Before the
Sections in their Sittings.

EDITED BY ELLINGWOOD [illegible], Secretary

CHICAGO
EMPIRE PRINTING COMPANY PRESS
1905

Yours,
W. E. Kinnett, M.D.

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VIRES VITALES SUSTINETE

National Eclectic Medical Association

SARATOGA MEETING

NINETEEN HUNDRED AND FIVE

PART I

ADDRESSES

PRESIDENT'S ADDRESS.

W. E. KINNETT, M. D., PEORIA, ILLINOIS.

Ladies and Gentlemen, Members of The National Eclectic Medical Association:—Ever since I can remember I have heard of Saratoga Springs, but this is my first visit to this beautiful and delightful place and I am pleased to greet you in this splendid city and on the occasion of your thirty-fifth annual convention.

I acknowledge my appreciation of the high honor you have conferred on the grand old state of Illinois, the Illinois State Eclectic Medical Society and on me, and on their behalf and personally I sincerely thank you. In my acceptance of the office at Saint Louis, I made the statement that Josh Billings has said: "A school teacher that pleases everybody is a fool," and I presume that doctors and presidents would come under the same rule. That perhaps I would not please every one but would do my very best for the interests of this Association and Eclecticism. This I have endeavored to do.

This year we have followed the plan of dividing the work of the Sections into three Departments, each Department presided over by one of the vice-presidents, and opened with an address appropriate to the Department. Each Department is divided into three sections, each of which convenes at the same time and closes at the same time, when another Department is taken up in the same way. I have been loyally supported in this plan by all fellow officers and

section officers, and I desire here to record my sincere appreciation of this loyalty, without which this meeting would have been a failure.

I am pleased to note that there is progress in our organizations all along the line. We have State Societies in nearly every state and they are struggling to advance the cause of Eclecticism. I am sorry to say that we have some among us whose spinal column is very weak, and needs some vigorous mechanical vibratory stimulation. We need better organization and I hope the time will soon come when we will have a uniform constitution for all state societies and that the constitution of our National Eclectic Medical Association will be so changed that every one joining a state society will thereby become a member of our National Association, and that all the literature of our state societies will be published by the National Association and be common to all members. There are many excellent papers read at the different state meetings of which the members of our school as a whole know nothing. I sincerely hope that the move last year to unify the Constitution and By-Laws of the state societies to accord with the Constitution and By-Laws of this Association and the other matters referred to the committee on special legislation will greatly enthuse and harmonize the work, and we await their report with interest.

There are a great many medical men who never belong to anything but themselves—mere individual molecules that have never associated themselves with any organic medical mass. They must have their uses in the world, but these are so infinitesimal as to be scarcely worthy of emulation. By far the larger part of practitioners find it to their advantage to associate at stated intervals with fellow practitioners at their State and National medical association. As patriotism is a help to good citizenship, and as the man who does not vote makes but a poor family man, so does the affiliation of the various medical societies enhance the efficiency of every one of its members, and the doctor who denies himself attendance upon and participation in all medical meetings, atrophies, wastes, shrinks, dwindles and becomes less and less fitted for the life and death responsibilities of medical practice.

Our colleges are all in prosperous condition and have graduated good classes of bright young women and men who are to take the places of the "old soldiers" who have fallen from the ranks. We are justly proud of our colleges.

We note with pardonable pride our literature, which is not so great in quantity as that of the dominant school, but what we lack in quantity is made up in quality. We have some dozen good medical journals that are holding up the banner of Eclecticism and we have many excellent medical works, and especially are we proud of our works on practice and therapeutics.

The Scythe of Time makes sad havoc among us. Since our last annual gathering several of our fellow practitioners have laid down the mantle of Time for that of Eternity. It is with sorrow we bow our heads and humbly submit to the will of "Him who doeth all things well." No more will their voices cheer the sick and dying; no more will their counsels be heard in our midst; no more will the tear of sympathy course down their cheeks; no more will the night-calls, cold and storms disturb them. Their work is done, their voices stilled, but let us not call their passing from us *death*. They have only gone

> **"Out of the shadows of sadness**
> **Into the sunshine of gladness,**
> **Into the light of the blest.**
> **Out of the land very dreary**
> **Out of the world of the weary**
> **Into the rapture of rest."**

The outlook for Eclecticism was never brighter than today. There never was a time in the history of Eclecticism when our school was so prominently before the public as now. With a singleness of purpose—*truth* in medicine—we have fought our way to the front in the medical world. We have steadily worked along one line, and have evolved a therapy that is safe, reliable and certain in its action. Believing that there is a definite relation between pathological conditions and drug action, we have ever striven to find that relation, and then to apply remedies for definite specific conditions. With a faith made strong by repeated successes we present to the world a hopeful medication.

Great strides have been made during the last twenty-five or thirty years in the practice of medicine. The concoctions of the pharmacopeia with their vague and uncertain effects upon the human tissues and functions, no longer entice the earnest seeker after medical truth to spend a lifetime experimenting with substances that are absolutely worthless. The Eclectic school of medicine has done more to advance the quality of medicines than all

other schools. They insist on a good quality of medicine regardless of the cost. No one can succeed in the practice of medicine unless the medicines are the very best that can be produced.

All schools of medicine are looking toward us. They are buying our literature and reading it, and at this time when the dominant schools are using all their energy to absorb all the other schools, they are compelled to pay their respects to the Eclectics as regards their Materia Medica and Therapeutics. An Old School Journal has this to say:

"We need to get out of the ruts of exclusive investigation and jump over the fence into our neighbor's (Homeopathic and Eclectic) pastures and inquire diligently for the way of success in their therapeutics; and do not try to swallow these schools, as they may produce a lump in our throats. Accept their work, give them credit for it, have peace in camp and relieve suffering humanity. Get down to facts in therapeutics without so much 'tomphoolery.'"

Last month in the city of Rock Island, on the floor of the annual gathering of the Illinois State Medical Society, a prominent Regular said in substance: "About all we know of our indigenous remedies and their therapy we owe to the Eclectics." Who of us ever knew before of such an admission made by a Regular on the floor of their State meeting? If this is so, and it is, no wonder they desire to absorb us and our work. One by one, they are coming to the truth.

In an article by a Regular in the Monthly Review of Reviews these statements appear: With but few exceptions the entire vegetable and mineral kingdoms have given us but little of scientific value; up to the present day the bulk of our books on materia medica is made up of descriptions of many valueless drugs and prescriptions. Is it not to be deplored that valuable time should be wasted in our student days by cramming into our heads a lot of therapeutic ballast?

After reading this is it any wonder that there is so much drug nihilism and unrest among the members of the regular school and that many are leaving the ranks for "pastures new?" It is through this unrest that so many other forms of therapy—for they all emanate from that school—have sprung up, such as Christian Science, which is devoid of Christianity and science; Faith Cure, Suggestion, Osteopathy and many others?

The great majority of mankind never start out for anything. They are conscious of having been cast upon the waters of Time without their knowledge or consent and they expect to be provided for. They just live and drift. Currents of events and breezes of necessity carry them along and buffet them about until their shipwreck comes and they sink out of sight. Of those who thirst for accomplishment beyond mere existence, by far the larger number succeed in only making a start in the direction of their purpose. Mistakes, diversions, sickness and misfortunes of one kind or another cause them to stumble and fall and drop out of the race with the goal of their ambition still out of their reach.

"There is no place in medicine for the pessimist. In the sick room he is disaster; his visit a burden; his departure relief." That one must die some time is known and felt by every human being; but it is an unspeakable comfort to know that a competent physician is fighting to keep you alive to the last possible moment; and that you are not defrauded of a day by the ignorance and indifference of the man you are paying to aid you. Give us the doctor who takes every chance in our favor, even if he is not sure of it, and it is only chance. We have *no* use for the unbeliever who does not know whether anything will be beneficial, who refuses, from prejudice, to accept the observations of others, and does not take the trouble to find out for himself.

One contemplating the study of medicine, who has not been previously prejudiced, will wonder if there is any truth in medicine. I am persuaded that there are few who are earnest seekers after Truth. Most of us have had our minds warped by our previous teachings and are too lazy to investigate for ourselves.

The principle on which our school is founded—*Silige Bona, Rejice Mala*—has encouraged individual investigation and upon this has the great structure of Eclecticism been built.

Christian science, faith cure, suggestion, osteopathy, electricity, X-ray, and mechanical vibratory stimulation are practically new in the field of therapeutics. And who of us is fully prepared to say that there is no good in them? Let us carefully investigate, select the good and reject the bad, remembering that

> "There are sermons in stones,
> Books in running brooks
> And good in everything."

The man who has surrendered himself, soul and body, to the consideration of one form of religious worship, of political economy, or of medical doctrine, is necessarily a one-sided, unbalanced and self-hypnotized individual, and wholly unfitted for the fair-minded consideration of any of the problems that appeal to him for solution.

We are Eclectics, but that does not signify that we should always be fighting for our faith, for the age of crusades is past and the present generation understands that Truth will fight for itself and has no need of the feeble championship of hot-headed enthusiasts, but we should always be ready to give a reason for the faith that is within us. Helping the Lord too hard in any cause creates hindrances instead of advancement, for it renders conspicuous an offensive personality and detracts from the real question at issue. Let us seek to be friends, not only with those whose opinions are identical with our own, but with those who differ from us, for most of the differences of men are mere matters of misunderstanding, rather than radical disagreements. We will find mental elasticity and charity becoming garments for our wearing always. To understand another's position, it is necessary to see things from his standpoint, and as truth is never consistent with itself, it will often surprise you how many sided it really is.

It is easy to understand why scientific medicine should be somewhat shy of these new side issues, for they are evidently open to every form of quackery and abuse. It requires the most careful guardianship to keep them within bounds and prevent the spread of such dangerous neglect as some of them have been guilty of in their disregard of quarantine in cases of contagious diseases. Moreover, modern medicine is just now absorbed in the wonders of bacteriology and physiological chemistry. In its abandonment of drugs it is doubtless abstaining from certain measures of harm. So long as scientific medical men hold aloof from investigating and selecting the good and using it for the cure of the sick, so long will we have with us the cohorts of quack doctors. So long will the patent-medicine quack flourish.

The true physician says with Emerson: "I will proclaim what I prove to be true today though it contradicts what I have advocated all my life."

When the mind is burdened with the perplexities of life one turns with a sense of relief and rest to the contemplation of simple Truth.

The intelligent, thoughtful, progressive follower of the healing art surrounded by false isms, bounded by deadly bacilli and treacherous germs; tossed on the surging billows of unrest and doubt, looks across the wild, tempestuous ocean of theories and dogmas, longing for a glimpse of simple Truth on which to cast his anchor of faith.

"They must upward still and onward,
Who would keep abreast of Truth;
Lo! before us gleam her campfires.
We ourselves must Pilgrims be,
Launch our Mayflower and steer
Boldly through the desperate winter sea,
Nor attempt the future's portals,
With the past's blood-rusted key."

ADDRESS OF THE SECRETARY.

Embodying the Secretary's Annual Report.

FINLEY ELLINGWOOD, M. D., CHICAGO.

Ladies and Gentlemen of the National Eclectic Medical Association.—In appearing before you for the fourth time, to report upon my work for the year just passed, and upon the status and influence of our Association, I rejoice that this report is to be made in this state of New York, where Eclecticism as a distinct school of practice—as an expression of an imminent imperative demand for improved methods in medicine—for untrammelled thought in our profession—had its birth. Here in the effete east, here in this historic spot which may well be said to be the proud Mecca of American patriotism, we from the west and from the north and from the south, come to report of the fruitage of the harvest fathered in reform medicine, from the seed sown nearly a century ago, by our aggressive pioneers, in this state of New York and in New England.

It is but natural and in keeping with those mighty processes that have been involved in the formation and in the development of this great country of ours—that Eclectic medicine should have taken root and developed in the vital and essential elements of its character, in the west, and that now the central west is a home of Eclecticism. But in all corners of our land has the truth been planted and watered, and nurtured, until it is blossoming forth in vigorous beauty, and now yields an abundant harvest.

In the performance of the duties of my office, during the past year, I have but little that is new to report. Our session held last year at St. Louis surprised us all. We anticipated enthusiasm and united effort, but hardly dared to hope for such universal co-operation, such simultaneous uniting of forces, such a happy and fortunate combination of all elements, as we had there. At no session has there been so much valuable work done, and so much added to our general fund of rapidly accumulating knowledge. Our meeting at St. Louis was the most largely attended of any in our history. There were almost double the number in attendance that attended the great World's Congress of Eclectics in 1893 in Chicago, where a great effort was made to gather together the Eclectics of the world.

The natural result of such an achievement would be the anticipation of a reactionary tendency. A year of such prodigious effort, and such tremendous results as were there attained, would seem to have influenced us all somewhat, so that there would be a tendency toward less active effort this following year. But the impulse of the achievements of the past three or four years with a cumulative influence which is apparent, with the stimulus of last year's work, has kept the wheels of our progress rapidly moving and has resulted in satisfactory advancement.

It will have occurred to some of you as you have listened to the report of the treasurer, this morning, that the balance in the treasury is smaller than it has been in the past two years. There are causes for this which are in every way justifiable and which will, I am sure, receive your unqualified approval. We previously did nothing in expanding our cause. We spent no money in developing its interests and in consolidating its forces. As a result, a spirit of lethargy—of inactivity—was creeping over us which could ultimately result in nothing but dismemberment. We have no other need for money, in this association, outside of current expenses, than for consolidation, the perfection of our organization and extension of our cause. This the reserve has been used for, and that it has been used to a most satisfactory advantage, I will try to show you in this report. I trust this will be the policy in the future—no debts, no large reserve—all spent for healthy, vigorous advancement.

At the close of the St. Louis meeting there was a mass of matter to be put into shape and edited, and the reports to be secured from section secretaries, and much of the work was so important for

publication, that I waited for all reports and for dilatory returns, and did not have our annual volume of the transactions ready to deliver until the first of December.

This Association, last year, as in the previous year, instructed its secretary to expend two hundred dollars in visiting societies and developing an interest and enthusiasm with the ultimate object of consolidating and perfecting our organization. I have not spent $100. I began early a correspondence with various secretaries and after consulting with the Executive Committee, finally determined that the best field to work in would be in the east. There were two plans suggested to me,—one that I should wait until the first of June and spend the entire month in visiting the societies of Connecticut, Massachusetts, Vermont and the New England Society and then go directly to the National from Montpelier, Vermont. But this gave me no time whatever to attend to the important essential duties, final, for the year, that devolve upon the secretary in his office the last two weeks before the National convenes. I was therefore obliged to accept the only prerogative and visit the New York State Society and the Boston District Society in their sessions in January. In the elaborate preparations made by Dr. Pitts Edwin Howes, Dr. F. W. Abbott, Lydia Ross, C. Edwin Miles, and others of the Massachusetts and Boston district societies, invitations were sent to the officers and active workers of all the New England states, that the influence of the meeting should be widely diffused. The meeting was a successful one and I have nothing but the highest praise for the generous entertainment of myself and Prof. Lloyd, who was also present at that meeting at the Hotel Thorndyke in Boston, January ninth.

From there on the following day we went to New York and on Wednesday and Thursday, Jan. 11th and 12th, we visited the New York State Society in New York City. There is very much that can be said of this splendid organization and its work for our cause. Only one state equals it in the comprehensiveness of its influence, and none excel it in its efficient work. In the proportion of its membership as related to the number of Eclectics in the state it certainly is accomplishing more than any other state society in the Union at the present time. Its energy, its efficiency, the harmony and co-operation of its members, its cohesiveness; its high ideals, are all examples that could well be emulated by our other societies. The

officers gave your secretary a royal reception and an unparalleled entertainment. I mention with pleasure and gratitude the names of Dr. Boskowitz, Dr. King, Dr. Krausi, Dr. Brandenburg, Dr. Herzog and Dr. Sillo, as especially endeavoring to entertain us and make the occasion an enjoyable and profitable one.

From these meetings, arrangements were made for co-operation throughout the entire east, in an endeavor to make this session a successful one, and to enlist the undivided effort of all the Eclectics in all the eastern states, and from these efforts much enthusiasm has developed.

In referring to the status of our cause in other eastern states, I have a magnificent report to make of progress in Pennsylvania and in West Virginia. Years ago, Pennsylvania furnished us with strong, active, men, but our cause received a serious blow in Philadelphia, and the Johnstown flood and death at other times robbed us of many efficient workers in a comparatively short space of time. For the past few years young physicians have been locating again in Pennsylvania, as in West Virginia, and their young blood and vital energy has aroused and renewed the spirit of the past, and awakened the state to more efficient work than ever before. This state is rapidly coming to the front, and if the energy and enthusiasm of its young members has any significance, the promise for the future is great indeed.

I have even a better report to make of West Virginia. For a number of years it was only with the utmost effort that a few could be gotten together annually, to hold a short session. Three years ago, in the line of my efforts at organization and reorganization, I interested myself, through a few of the old active members, in the West Virginia Society. I wrote to every Eclectic in the state and found a willingness to co-operate. The officers who had been elected two or three years previously (as the society had temporarily lapsed), took up the matter vigorously and unitedly and a meeting was held and a reorganization was effected, and the new reorganized Society at our Milwaukee meeting became affiliated with this National Association. Last year I attended the annual meeting and had a most enjoyable time. This year the attendance was larger than that of many old established societies. The spirit was fine and the work done was of excellent quality. But, best of all, a large number of members were taken in, until now, three years after its reorganiza-

tion, forty-four per cent of those in the state are members of the State Society. This is only excelled by the society of Oklahoma Territory, where fifty-seven per cent of the entire Eclectics in the state joined the society the second year after its organization, and ninety-six per cent of the membership was represented at the meeting the third year.

If any one has any doubt of the beneficial results of our missionary work, of our persistent effort at organization during the past four years, I will call your attention to the fact that we have five new efficient, energetic, working societies (the older societies are greatly energized) and the National Association membership nearly doubled, and the spirit and essential interest in our cause greatly developed.

The states of Ohio, Indiana, Illinois and Georgia had large and enthusiastic meetings this year. The Ohio, the best in its history, I am informed, which is saying a great deal, as Ohio always has good meetings. The Michigan, Kentucky, Tennessee, Arkansas, Missouri, Kansas and Iowa sessions were well attended. The others are not yet reported.

Any apathy that might have been apparent in the past in all these states is rapidly disappearing before the wave of determined effort and splendid enthusiasm which is rapidly increasing in every locality. This is indeed most gratifying to all of us who have the cause so near our hearts.

But the missionary work we have done must continue. We must not abate our efforts; we must advance into the states of Colorado, North Dakota, Wyoming, Idaho, Washington and Oregon and the extreme western states with the same spirit with which the work has been prosecuted in South Dakota, Oklahoma and Indian Territory, and the results will be equally good.

In January, having been occupied by the trip in the east and by unavoidable delays in getting reports of committees and section officers, I issued a circular letter instead of the bulletin, requested by the society at its last session, and distributed the circular throughout the east and in the New England states. Later I issued a sixteen-page bulletin and had it ready for circulation the first of May. I sent this out through all of the states in the Union. In these I urged the importance of energetic co-operation in state and national society work. I stated the importance of our position now, and urged the

necessity of active effort on the part of every individual for the development of and the attendance upon this meeting.

As you all know, organization, efficient, comprehensive, compact and vigorous, has been my watchword during the entire four years in which, by your generous confidence, I have filled the office of Secretary of this Society. We have now a plan for reconstruction of our constitution and by-laws, and other plans, which we trust will soon bring about the desired end, but agitation of the subject, and the constant bringing of this Society into direct relationship with individual Eclectics, is all essential. That which we have done to this end (organization), has accomplished much in energizing, in re-enthusing those who desire to be with us. In re-invigorating many who had become lukewarm, and in separating ourselves completely from a few, who, while graduates from our colleges and practicing our methods, affiliated with others and were not in hearty sympathy and co-operation with us. Those have now declared themselves openly as not with us, to our advantage. By this means we know our own, and those with us are more positively with us and are energetic for the cause.

As to our cause and its status in the medical profession in the United States, I have a few words to say: Eclectic medicine has to do with the elucidation of a theory of disease influence, with the development of a principle of drug application, with a course of investigation calculated to determine correctly for future generations of physicians specific and exact laws concerning the influence of drugs upon exact processes of disease, all with the positive belief that disease may be cured with medicine. This principle of action is fixed and invariable, and the doctrine, verified by practical experience of our every observer, is enlarged through a confidence which its innate truth has established, in a method of cure that cures, in a principle of relief of human suffering that relieves, and a doctrine of help that saves. For these principles, for the sake of humanity, we demand recognition—we rest our demand upon the justice of our cause, upon its intrinsic merit, and upon its unqualified efficiency.

From the energetic prosecution of this work, we are now occupying a unique position in the medical profession, one which though long desired, was hardly hoped for. With the mass of the profession united against innovation, with a history of centuries of dogmatism and intolerance, sentiments which have always been the greatest

of impediments to advancement, in our profession, since the days of Esculapius, or Hippocrates. With all this to contend against, we have worked on until we have almost arrived at the attainment of our ambition. Up to the present time, the character, the integrity, the value of these principles, and of our work, has been constantly menaced by this dogmatism and intolerance, and by the prejudice and jealousy that have been engendered by it, in the minds of those, of whom, possessing high attainments, we would have expected a loftier exercise for their ambitions, a nobler exhibition of their purposes.

Now this has changed. Many of these men are examining into their prejudices, and are wisely concluding that it is time to lay aside this spirit, which to cherish and gratify, has blinded their eyes to the truth and has greatly retarded therapeutic advancement. Theirs has been a refined policy in the subtility and persistence of its exercise, and in the words of Otis, "A refined policy of opposition has ever been the parent of confusion."

With this, these have been led to an investigation into our methods of practice, which we have long desired, but could not awaken. This investigation has shown them the beauty and marked superiority of a method of exactness in medicine. It has proved to them the wisdom of adapting exact remedies to exact conditions; it has proven to the mass of the profession that we constantly produce results that their trusted teachers have taught were impossible, and the superior character of our methods and our remedies has commanded a widespread and rapidly-increasing respect from that class who have hitherto been our most active opponents.

This is brought out strongly in the current literature of their school, and is apparent by the fact that a number of our writers have been solicited and paid for contributing to allopathic periodicals during the past year.

In my report of last year I advised a more aggressive course, a proselyting policy. I advised that our writers bring our truths as Eclectic truths before the dominant profession by contributing to their periodicals, as Eclectic writers unmistakably declare. The wisdom of this course is showing itself much more immediately than I had anticipated. This is helping to bring about changes in the condition and in the relationship of all the factors in medicine, which has never occurred as rapidly as they are now occurring. There is a quiet yet most vigorous readjustment of all elements taking place.

As a forcible illustration of the truth of this statement, Prof. Frank S. Butler, author of Butler's Materia Medica and Therapeutics, before the Illinois State Medical Society, at Moline, last month, where there were over eight hundred of the best Illinois allopathic physicians, in an address on advancement in therapeutics, said in the strongest language that the regular profession was standing most positively in its own light in refusing longer to recognize the vitally-important and valuable work of the Eclectic school of physicians. That the time had come when this work must be accepted and recognized and adopted as a part of the mass of valuable advanced knowledge of the profession, and duly accredited to those who unostentatiously, persistently, faithfully and resolutely, in the face of violent opposition, have determined some of the greatest truths that have ever been brought before the profession. He enlarged upon the correctness of our principles and upon the value of our remedies. This address was received with general approbation and not a voice was raised against it. This is in marked contrast to the statement of Osler, referred to by the current press, that medicine is the science of uncertainty, the essence of improbabilities.

At a banquet in Chicago, this last winter, tendered to a most select and exclusive body of old school physicians, the president of the College of Physicians and Surgeons in emphatic terms, as he has spoken on several other occasions, enlarged on the foolishness of discriminating in consultations against the qualified physicians of other schools. He then stated that the work of our school was indeed important work and must receive their attention. They must lay aside prejudice and treat all qualified physicians fraternally. During the past two years several of the lecturers and professors in the Chicago Medical College, among them the president himself, have taken up many of our individual remedies and brought them before their classes as deserving of their immediate attention and an important place in their therapeutics.

In an extensive correspondence with editors and other prominent allopathic physicians, during the past year, I have plainly told them that if they desire amalgamation, affiliation—if they are anxious for the obliterations of sect lines in medicine,—there is no course they can possibly adopt, which will so quickly and satisfactorily bring about such an end, as that now adopted and suggested by these gentlemen. Little by little the editors of several of these journals, with

liberal tendencies,—which reach from sixty to seventy-five per cent of the practitioners of the United States, have come to bringing Dr. Scudder's principles of disease action, as such, and drug application directly and constantly before their readers, as the correct principles in medicine, and they advise single remedies as applicable to exact conditions. The influence of this positive teaching is immediate. Little by little the mass of their practitioners is becoming impressed with the truth of these statements and a change is taking place surely and permanently towards us. As the medical press, like the secular press, creates public sentiment, so the entire profession is allowing their prejudices to slip away from them, and they are taking a more liberal view of those things. It will now be only a short time until this sentiment will become universal. This we must meet by thorough equipment in every line. We must build up our literature, we must establish and equip our colleges in the best possible manner, and we must fill our colleges with students.

Our most important need,—our crying need now,—is more students for our own colleges. Every effort should be made to obtain students, not for the sake of the colleges, but for the true dissemination of our principles, and we will soon be able to get their students into our colleges. It is only by persistent teaching through the entire college course that a practitioner can become thoroughly imbued with Eclectic principles. A little desultory knowledge obtained from irregular and unsystematic reading will not make a thorough Eclectic of any man.

We want young men. In the states where Electicism is apparently on the wane, the older men alone remain, and there are no young men with energy and zeal to keep up the work the older men began so well. In those states where societies are vigorous, and the work is aggressive and prosperous, the young men predominate. The demand for young men is enormous. It greatly exceeds the supply. It comes to us from every state in the Union. Notwithstanding this, there is some encouragement in the fact that the statistics compiled by the old school show that our colleges are the only ones of all among the medical schools that have actually gained in numbers and increased in graduates during the past two years. Our gain is quite conspicuous and promises better for the year to come.

Yes, indeed, the spirit of Eclecticism, based as it is upon essential

truth, is decidedly upon the gain throughout the country. Those of our own school whom we have lost,—weak, lukewarm, inactive in the cause, are more than compensated for by the energetic spirit, by the renewed zeal, in the character of those that remain,—by the enthusiasm of those who are replenishing our ranks.

These are young, vigorous, aggressive, zealous, diligent, and intensely loyal. This spirit is instigating enthusiastic pulsations which are throbbing with vital energy throughout the entire Eclectic body. The results of which are seen in rapidly renewed and healthy growth.

Is this, then, the time for us to cease our efforts, yield to the subtle wiles of the faculty of the dominant school, who are urging affiliation, with no other object but that of annihilation? By their own volition, their members are now entering our doors, we are now absorbing them, they are coming to us. Shall we at this moment weakly yield our rights to their seductions? No, indeed. This with us is the crucial period—this is the psychological moment, when—if we have ever lifted up our voices for justice, if we have demanded the recognition of truth—we must demand now. If we have ever labored to know the truth, we must labor now. If we have ever fought to preserve truth, we must fight now. If we have ever stood for the right, we must stand now. For truth and right are ours, and success in its highest attainment is just now within our grasp.

ADDRESSES IN MEDICINE

THE DIFFERENCE.

WILLIAM P. BEST, M. D., INDIANAPOLIS, INDIANA.

In presenting to you a few thoughts, it shall be my purpose to consider some of the points of difference in the methods of preparation of drugs, pharmacognosy and pharmacy, the methods of studying the action of drugs on the human system, or the drug action and consequent changes induced by the administration of medicinal doses of drugs, pharmacology, and the art of applying drugs in disease, pharmacotherapy.

In the beginning, it might be well to state that it is not my purpose to decry, or minimize the efforts of any in this great field of study, but to attempt to set forth briefly the various methods, and

the resultant views, and the consequent and far-reaching effect in the application of drugs.

The value of pure and truly representative drug preparations has to us, as a school, a peculiar significance, born of the necessity arising from reform, and reformed practice of medicine.

Pharmacognosy in so far as it refers to remedies peculiar to Eclectics, is unique in its rapid and steady development, in the attainment of a high state of perfection rivaled by none.

It is not saying too much to credit our peculiar line of remedies known as specific medicines, with having, back of them, that clear understanding of the crude drug and its physical properties necessary to valuable and representative pharmaceutical products.

The difference between our clear, permanent, and unvarying liquid medicines, and the dirty, unstable, and uncertain products found in commerce generally, is the difference between the selection of crude drugs, the structural and physical properties of which is only a part of the pharmacognosy, and those made from crude material, correctly named, and yet of questionable value, or utterly worthless.

Again, the galenicals of commerce, while many times made of crude materials true to name, and perhaps in prime condition to yield good results, are with few exceptions made according to fixed rules, and conforming to one general formula, the distinction being "proportion and menstruum."

Granting that due care, experience and skill are employed, the results are not to be compared favorably with products that are made with an understanding that some drugs must be worked dry, others partly dry, and some while yet green, and with varying menstrua, that experience has shown necessary for the extraction of the valuable qualities of drugs gathered from localities where climatic conditions yield best products, and at the season of the year when the plant has fully developed its medicinal virtues.

We are singularly fortunate in having our remedies made by men skilled in all that "Experience in qualities adds to knowledge through our senses," and in no small degree is our success as practitioners due to this fact.

Side by side, place the commercial pharmaceutical products; the many specialties of pharmaceutical firms devoted to the preparation of special remedies or compounds, with the remedies representing the development of Eclectic medicine.

Never was there a time when so many pharmaceutical houses put forth as many proprietary and semi-proprietary remedies, ready made, or mixed for various diseases, according to popular nosology. These pharmaceuticals, many times all that skill, experience, and elegance can produce, catch the unwary, unthinking physician, who willingly allows the manufacturer to put into his hands compounds of good, bad, and indifferent medicines for certain diseases, or at least "a good base for iodide, bromide, or salicylate, or other irritating drugs or offensive drugs."

Reformed medicine was early placed on the basis of the study of single remedies, or simple compounds, the latter to be made at the bed-side, to meet the conditions at hand. In short, the medicine is for the patient, not the patient for the compound ready made.

What is the difference? It is our single remedy and the study of its effect, the clear, clean and scientific pharmaceutical representative of the drug compared with the application of drugs and compounds made in an inferior manner, or compounded so that the average drug clerk prescribes with about as much scientific certainty as the physician who uses the same means.

Let us briefly consider the subject of pharmacology, or the study of the changes induced in the living organism by medicines, and the pharmacotherapy, the treatment of diseases by medicines.

"The knowledge of today is but the experiment of yesterday, and medicine will be no nearer an exact science a century hence than now if the spirit of careful and discriminating investigation does not rule." The circumstance that a new drug is offered for trial should not deter the profession from according it a fair test, foi thus the profession can accurately determine its therapeutic value.

It has been said that the aims of the pharmacologist and the clinician are not identical. "The former seeks to solve the problem of how the drug acts in a given case, while the primary object of the latter is to remedy the condition by any means in his power." "Thus in a case of heart weakness, the clinician prescribes some remedy which he has found of benefit in other similar cases, and regards only as of secondary interest the question, which to the pharmacologist is the absorbing one, namely, whether the drug acts on the heart directly, or through some other organ." "Of course," continues the writer, "the results are of mutual advantage, for the physician supplies the experimental investigator with new facts and

new fields of inquiry, while the latter may indicate more exactly the conditions in which the drug is likely to be of benefit in the future by defining the methods in which it acts."

It is, therefore, much to be regretted that differences of opinion arise between these two classes of observers, for these can only retard the progress of both the science and the practical art. Doubtless there are faults on both sides. The scientist sometimes insists too strongly on inductions drawn from *a limited number of animal experiments,* and refuses to admit results which have been obtained in thousands of cases of disease by competent observers.

The conclusion that pharmacology and clinical medicine are not identical in their finality, is no doubt due to the attitude assumed toward each, and the methods pursued in the study of these important subjects. The method of relief of the case of heart trouble should in no wise conflict with the study of the drug action, or drug effect, nor the reasons for its administration. If the drug is given experimentally always, we admit there will be no scientific advancement, but why should it be so?

The clinician gives a remedy to afford relief. How then can he, or the pharmacologist, study the drug effect for disease conditions, unless such conditions present themselves, and drugs are experimentally administered until relief is afforded?

Necessarily they must deal with the sick, if they would know how to cure disease. But let us see if that is done. We read of the effect of drugs on animals, and one author says,"The scientist sometimes insists too strongly on inductions drawn from a limited number of animal experiments." We see that the pharmacologist is here supposed to draw all his conclusions concerning drug action from experiments on animals, and animals which are no doubt not sick, and if they were, we have no assurance that drug effect in the disease of the animal will necessarily be the same as in the disease of the human system.

The so-called physiological action of many drugs is no doubt a valuable addition to our therapeutical knowledge, and this action is ascertained in most instances from the pharmacological experiments on animals, e. g., frogs, mice, rabbits, dogs, and guinea pigs.

But is it the physiological action of a remedy that we wish or need? Granting its value, and the completeness of drug study afforded by it, when and where is the physiological effect of drugs

desirable in the treatment of disease? Physiology deals with functional health; the physiological action of a drug is the drug effect on healthy functional life and activity, retarding, accelerating or preventing it as the case may be. The clinician then is not pursuing a course of experimental study based on the same conditions, nor with the same object in view as that of the pharmacologist. The knowledge thus obtained is not identical in result, because the objects sought are not identical, no more than the methods, nor the subjects of study.

What would be the logical sequence of a study of drug action on the healthy human system? The healthy system has no need of drugs, nor of physicians to administer to it. The whole functional life is pursuing an even course with comfort, and the individual is undisturbed. The administration of drugs to the healthy can but show the effect of medicines on health, and the functions of health. But can the pharmacologist give us any assurance of like results if the same medicine be given in disease?

No amount of quinine given to a healthy man or a healthy rabbit would have ever led a pharmacologist or a clinician to the conclusion that quinine would cure malaria. This fact owes its birth to a very different sequence. Not until echinacea was used to cure the poison of snake bite, did it ever have the reputation as an antidote to the snake poison. No amount of this drug given to a healthy man or animal would lead to the inference that in it we have a valuable remedy for diphtheria or typhoid fever. The administration of black haw to healthy women played no part in setting forth the fact that this remedy is a uterine sedative, and that it would prevent abortion. These examples are mentioned to bring before us the relative value of the experimental work of the pharmacologist, and the various methods of drug study, and to review briefly the different results of such work.

To recapitulate in part: The pharmacologist seeks information as to drug effect by the administration of drugs to animals. The older system of medicine is based in part at least on the physiological action of drugs, and the gross effect of large dosage.

The drug provings of our Homeopathic friends are based on the study of drugs given to healthy people.

The Eclectic practice of medicine is based on a study so different from any above indicated, that we may profitably spend a mo-

ment in considering the difference. Disease from whatever cause, is an abnomal condition of life. We must know healthy functional life and its expressions as a basis of knowledge of wrong which may exist. Ease, comfort, and a feeling of general well-being characterize health, which is the correct physiological condition. Wrong life, disease, is any variation from the standard of health.

The application of remedies for the relief of the sick, is not based on a pharmacological study of drugs given to animals, nor the drug provings afforded by a study of the symptoms the drugs produce when administered to a healthy man, but upon the results of the application of remedies to the individual who is sick.

This work, in as far as it has been developed, is based on pure empiricism. The study of drug effect is carried on by first making a thorough examination of the wrong or wrongs existing. When the diagnosis is made, it implies a knowledge of existing pathology, and the exhibition of remedial means is based on the exact conditions found in the individual case. Experimental work of this character has permitted our practitioners to become observers, and the observations being specific, the application of remedies being likewise specific, the knowledge thus obtained being compiled, places our system on a plane above continued experimental work in so far as it is perfected.

This leads to direct and systematic work-science—but with any and every kind of medicines or pharmaceutical products, the results would end in confusion rather than system, and for this reason, we demand pure drugs at any cost, that where like conditions or like pathology exists, like results may be obtained by the use of drugs. The tabulated results are the specific indications for drug giving, in a specific manner for a direct effect. It is not a trial over and over indefinitely in "well-selected cases" with no knowledge of the manner of making selection. The drug effect is for wrong life. When a drug corrects the wrong over and over again, until the exact conditions are thoroughly known, the conditions call for certain well-defined means of relief, and we know the results will be satisfactory.

We have reviewed the difference in drugs and the pharmaceutical representatives of them, the manner of studying drug effect, and the reasons for drug application, but if there was no difference in the effects obtained, what reason will we have for our existence? We

are now, as always, ready for a comparison of results; are ever ready for inspection. Our claims are not hollow or empty. The actual difference exists, and in favor of our system. Year after year finds us stronger. Season after season our claims are justified by the different results.

Advancing movements in all arts and sciences bid us keep pace, and bring our system of medicine to the position we believe it justly deserves. Let us not rest. There is no place to stop. Do not be deterred by the claim that all systems are practically alike now, and that we have no more work to perform. Our century has seen a great beginning and we shall only be worthy of being followed by those who will carry the work to further perfection, by being ever at work to advance the high standard the favoring difference has worked out for us.

THE IMPORTANCE OF SPECIALIZING IN MEDICINE.

GEORGE W. JOHNSON, M. D., SAN ANTONIO, TEXAS.

Those concerned in upbuilding and furthering the interests of their chosen profession or calling, hail with delight and pleasure anything that will be the means of perfecting their work. The beauties of correctness in our chosen work, as portrayed by concerted action along lines of thought, appeal to those who desire to become more proficient in what they undertake.

In this day of progress and advancement we should ever be willing to lend our efforts towards proficiency. We are entering the twentieth century armed with the knowledge of those who have gone before in their investigation of truth. This should quicken within us a desire to profit by their experience, and stimulate us to regard that ambition which characterizes every true investigator.

The man who is so conceited as to think that within the small space occupied by the gray matter that he claims as his, is the source of all knowledge, is an unsafe man, and a man who gives to the world very little of real worth to his fellow-man. To that unselfish spirit in scientific research that has marked the lives of all true men of science, is due the development of truth, and this has given encouragement to those who have enlisted their efforts in the better performance of their duties, in that which they feel called upon to do.

The magnitude of the sense of duty that confronts a man when he enters the medical profession is enough to, at once, cause the conservative and conscientious man to shrink from what he has undertaken. This recognition of conscientious duty has caused many men who would have been of great service in the healing art, to desist and take up some other calling.

It has been argued by some that there should not be specialties; that a man who claims to be competent to deal with disease should be one who is able to cope with disease wherever located. While it is true that a physician should have a knowledge of general medicine, indeed, a physician to make a success must have this general knowledge, it is no less true that better work can be done if the physician confines himself to some particular line. Conditions have changed. To be able to meet the demands of this progressive age we must give our time and energy to special study.

If we admit that special ganglia preside over certain organs—and to my mind there is no questioning this fact—we are forced to realize the field of possibilities opened up to one who takes up this study.

There has been a great stride made the past half century in certainty in drug action in diseased conditions. This has been the result of a study of physiological action of drugs. There is no longer any doubt in the minds of true investigators of drug action, that drugs properly and scientifically administered have a decided effect upon disease. There is yet skepticism in medicine, but we are compelled to admit its efficiency if we have pure drugs, and a knowledge of what is expected of them when administered.

There is another side to this question, that has been overlooked by those who would make us believe that they propose to cover the entire field of medicine. The ingenious mind of man has put at our command many appliances that prove of incalculable assistance to us in diagnosticating and treating disease that can only be understood and appreciated by those interested in special work.

If we realize that certain ganglia preside over special organs, which, when diseased, produce conditions that manifest themselves peculiarly, and thus, in turn, produce certain symptoms that enable us to diagnose special diseases exactly, we are soon led to appreciate the fact that in the cure of these disorders certain drugs affect certain parts. The long train of medical circumstances that furnish

thought for material assistance, opens up a field of investigation that furnishes untold assistance to those who have given their time and energy to the cure of disease manifesting itself in special organs.

You will pardon me if I state that there is a large percentage of the profession that is practising medicine without giving due consideration to drug action. This has resulted in undervaluing the effect of drugs upon the system when their therapeutic value should be well understood. This brings us to thoroughly appreciate the importance of analyzing disease—an important factor in Eclecticism—and forces us to maintain the necessity of making a thorough study of drugs with reference to their effect upon exact conditions within the body.

The possibilities that open up from a study of disease, and from a thorough understanding of the physiological effect of drugs, offers encouragement to the student and gives rich returns from a scientific standpoint.

The beauties of purpose are portrayed by scientific results that come from a study of symptoms, with a knowledge of the results to be expected by prescribing for disease in a specific manner, and this certainly appeals to one who is willing to give mental effort to his work.

Eclecticism, with its observance of scientific therapeutic principles, has opened up a field of investigation that has been of incalculable value to those who have decided to devote their time and energies to special work, and deals in possibilities in a therapeutic way that was never dreamed of by those who had, by action, expressed themselves as unwilling to devote their study to the many phases of disease as expressed in symptomatology.

The florist arranges his flowers with reference to the delicate blending of colors, into boquets, that give pleasure and meet the finer sensibilities of man. So with the physician who devotes his time to a study of diseases of special organs. Through his efforts the symptoms of disease are so blended that a diagnostic picture is presented that enables him to arrive at an understanding of the pathological conditions present with the satisfaction that can be appreciated only through and by direct study.

That ideal of life that lifts man from the common plane of existence is what furnishes the stimulus that gives encouragement to the physician. This is more marked, possibly, in special work. To be

brought in direct touch with special conditions stimulates us to better serve the dictates of purpose.

I grant you that no man deserves to be called a specialist who is not in direct touch with the qualifications necessary to be a general practitioner, but I do argue that one is better prepared to serve those who call upon him for assistance if he devote his time and thought to special lines.

The crystallizing of medical thought, that has marked the progress of our profession in the past half century, has magnified the usefulness of the physician and gives encouragement to those who deal with disease with the purpose in view of giving assistance, along the lines of direct medication. When we come to analyze disease and apply the essential remedy to correct the departure from health, then it is that the beauty of our profession becomes magnificent and the results of our efforts are felt.

Special study of special organs has done much towards this end, and we believe that much good has and will come from dividing medicine into specialties.

ADDRESS ON THE SPECIALTIES.

ALFRED W. HERZOG, PH. B., A. M., M. D., NEW YORK CITY, N. Y.

Ladies and Gentlemen:—It is not so very long ago, that when a physician wished to become known to the profession as a writer, he started to write a set of textbooks on medicine and surgery, starting, figuratively speaking, with the diseases of the scalp, and ending up with ingrown toenails.

Little by little, there has been a tendency to change, and now-a-days, while there are still textbooks being written, taking in a large branch of medicine at a time, these are written more especially for the use of students in colleges, that is to say, for undergraduates; while for the post-graduate student, for the physician, the books that command most interest are the monographs. In fact, I believe that the books of the future will not be compendia, but monographs, solely.

Let us inquire, Why is this so? No doubt, because he who writes a compendium having a large field to cover, cannot devote as much attention to the details, cannot devote as much attention to the finer

nuances as he who, writing a monograph, directs, for the time being, his whole attention to one particular disease, or even to one phase of one particular disease;—to the study of one therapeutic measure or to the study of one drug.

He who writes a monograph does not need to hurry over any part of his subject, so as to reach the next. He need not care how much space he takes; he knows that he must cover his subject thoroughly, exhaustively. And, what is the case with books, is the case with the physician.

It is not so long ago, when all physicians were general practitioners; now the tendency is to specialize. This is the natural consequence of the evolution of medicine and surgery.

The subject is getting so vast, that no one man, nor any two or three men collectively, can thoroughly master all the details of medicine and surgery. I do not say that it is impossible for any one man to successfully practice in the whole domain of medicine and surgery, but he who really would so practice, would have no time left for investigation, but would have to practice on the lines laid out for him by the investigator,—in the natural order of things, the specialist. Those of us who live in large cities, and have become accustomed to subdivision of labor, know that a great deal of time can be saved in the manufacture of goods by this subdivision, due to a great extent to the fact, that he who does the same kind of work continually becomes much more expert and a great deal quicker in that line of work, than he who changes from one kind of work to another.

Besides, doing a certain bit of work continually, causes the party doing it to find nicer, neater, more successful and better ways of doing it, thus improving the appearance and quality of the manufactured article. It is the same with medicine and surgery, but especially with the latter.

While nearly all the discoveries in medicine are the result of investigation and speculation, and not of accidental discovery, a saving of time in the medical branch of the profession is not of as much value as in surgery. We all know how much better chance a patient has in the hands of a quick operator, than in those of a slow operator. We know how the prolongation of anaesthesia, the greater loss of blood, the longer exposure to infection, lessen the patient's chances of complete recovery. And we all know how our speed in operating increases with continuous practice.

I remember the time when a certain eye-operation took me about ten or fifteen minutes, when now I can do it easily in the fraction of a minute. We all know that the best results in cataract operations are obtained in India, where oculists sometimes operate on the average of from 25 to 40 eyes a day for cataract. Is it to be wondered that their results are better, that they are more expert?

I well remember the time, when, while in country practice, I removed a large uterine fibroid, an operation to which I was not accustomed. I prided myself on the fact that my operation was a success and the patient recovered, and it took me about two hours to do the work, and a few years ago I saw a certain operator in New York City do practically the same work with such rapidity, that from the time of the first incision to the time when the tumor was removed out of the abdomen, only seven minutes had elapsed. This was the result of specialism.

More than fifteen years ago an article of mine appeared in the *New York Medical Journal,* entitled "Special or General Practitioner." Fifteen years seem to me to be a sufficiently long period to give a man a chance to form an opinion, to become strengthened in an opinion already formed, and in a great many instances to change his opinion. So, that were I obliged to-day, in speaking to you on the specialties, to admit an entire change of front, were I obliged to modify my ideas considerably from what they were fifteen years ago, I would do so without feeling in the slightest that a change of opinion shows that I was in the wrong fifteen years ago, or that I must be in the wrong at present.

Tempora mutantur et nos mutamur in illis,—Times change and we change with the times. And that we do change shows in a great many instances only that we have adapted ourselves to the changed times, that we progress, that times progress and that we must change or progress must come to a standstill. When I wrote over fifteen years ago on the question of "Specialist or General Practitioner," I took the view to a great extent, and I am still of the same opinion, that the general practitioner should be something else than a signpost pointing in so many different directions to so many different specialists.

I pointed out the case of a lady, whom I had been treating, who had been suffering from a headache, and whom on examination I found to be suffering from about fifteen or twenty different diseases,

each one of which might have been instrumental in causing her headaches. Thus I pointed out that it might have taken either one general practitioner or from fifteen to twenty exclusive specialists to cure this lady. I still hold the opinion that the general practitioner should in reality be a general practitioner and not a specialist on acute febrile diseases.

I still hold the opinion that to be a good general practitioner a man must have a fair knowledge of the different specialties. That it is not enough to be able to diagnose measles, but that the general practitioner, when he does diagnose measles, should also be able to recognize an accompanying conjunctivitis and treat it intelligently. I could point out the fact that there is hardly a single disease, which can be diagnosed and treated in the best manner possible, without encroachment on some other specialty. To be a good general practitioner in the real sense of the word is the highest pinnacle on the ladder of medical achievement any man can reach—but are there many such?

Here let me at once draw your attention to an evil which seems to be rather prevalent and due to a large extent to our post-graduate schools, and that is the factory-like turning out of "specialists." Years and years ago, more years ago than many of us can remember, the student, having been for several years in a physician's office as assistant to his preceptor, went to college and after a term of years came out of college with his diploma and established himself as a fullfledged practitioner. No patient who came to his office was refused attendance. He visited everybody who sent for him and no matter what the disease, he did the best he could, and so, little by little, increased his knowledge and his reputation. His success in a certain class of ailments caused sufferers from like ailments to call on him, until he became expert in that certain branch of medicine, until more and more of the same kind of sufferers called on him, until he was practically forced by his clientele into that branch of medicine. Thus he became a specialist.

Not fresh from college, but in the course of years, and no matter if he were a specialist on the eye, he could set a broken bone or make a version, or ligate an artery if occasion required.

But, Tempora mutamur et nos mutamur in illis,—Times change and we change with the times. Now, very often, the student, as soon as he has received his diploma, and before he has even had a chance

to admire his "shingle" by passing carelessly on the other side of the street, has hied himself to a post-graduate school and has matriculated for a six weeks' course in some specialty. His business cards have already been ordered, showing in bold letters that he is a specialist on some line of disease or treatment, and thus he is created a specialist by the use of printer's ink and a short course in the post-graduate school, treading the narrow path of his specialty, forgetting all he has studied in college of all the other branches of medicine, and in a little while we find him priding himself on the fact that he knows nothing but his specialty.

Whenever I have met one of these "made-to-order-while-you-wait" specialists,—and I have met many of them,—I have always silently agreed with them in part of their claim, that is to say, I agreed with them as far as they said that they "know nothing." But when they added the words "but their specialty," the question always rose in my mind, "How much of that do they know?" Notwithstanding the popular saying "Jack of all trades and master of none," my sympathies have always been more or less with the Jack of all trades,—possibly because not prone to take the other proverb, "*Vox populi vox dei,*" the voice of the people is the voice of God, as true. I have rather found that there is more reason to distrust a statement which is agreed to by the multitude than otherwise.

Yet, be that as it may, I have found, and I hold it to be true, that the so-called Jack of all trades is more likely to be the real master of one, than he who claims to know absolutely nothing, and does not want to know anything, but his specialty. Division of labor is, however, a good thing in many instances, because allowing a man to devote his whole time to a small branch of a certain field, it gives the man who devotes himself exclusively to a specialty, and this perhaps a very limited one, a better chance to improve himself in the specialty, than if he had to devote himself to the whole large domain of medicine and surgery.

It gives him great opportunities to study his specialty, the small field which he is working on,—it gives him great chances to improve his technique, and thus, by finding better ways or quicker ways of achieving the same end, of improving the knowledge of his fellow-practitioners as to the best way of making certain operations.

There is no doubt that there is a vast field for good in which the specialist can labor; there is no doubt that the specialist is the

pioneer of all or nearly all the progress in medicine, as naturally is to be expected, as the investigator is always more or less of a specialist, at least for the time being, and yet, would I have every specialist to be a general practitioner, and every general practitioner a specialist! It is no more than right that, if a man like a certain branch of medicine, that he should practice that branch of medicine if he be so minded; but what I contend is this, that he should devote a little time, say at least six weeks of every year, to the study of some subject in medicine not directly connected with his specialty.

I have taken the liberty of saying a few words of the making of specialists, what a specialist should know, what a specialist should do, that I thought that a man should first try to be a fair general practitioner before turning his attention to a specialty; and then, and only after having practiced medicine for some time, he should select the specialty to which he wishes to devote himself, according to his likings and his fitness. Now, as to the specialties: The more medicine and surgery advance, the more they are divided and subdivided, until there are men who make a specialty of such an infinitesimal branch, that they really take up only part of a single disease as a specialty. It is not so very long ago when all medicine was divided into only a very few specialties. There was that of diseases of women and children, including obstetrics, that of surgery, that of eye, ear, nose and throat, and, lastly, that of genitourinary and rectal diseases.

But times have changed. Now we have the body so subdivided that the field of the different specialists has become narrowed to the utmost. The public has become educated to this, and they no more ask: "Who is the best doctor in town?" But they ask, "Who is the best for this disease or for that operation?" The public expects one man to be an expert diagnostician, another an expert therapeutician for the disease diagnosed. But, ladies and gentlemen, say we what we may, the specialist is the investigator, the specialist is the teacher.

Therefore it behooves the specialist to patiently labor in his chosen field, which is nearly always laid in a large city, where subdivision of labor is most easily accomplished, and to write down his results, in such a that they may be of benefit to the general practitioner, whether the latter also labor in the city or in the country, where the services of a specialist cannot be obtained.

PART II

SECTION WORK

DEPARTMENT OF MEDICINE

PNEUMONIA.

JOHN FEARN, M. D., OAKLAND, CALIFORNIA.

This article does not intend to deal with the subject of the etiology or pathology of this disease, important as these are, nor yet the finer distinctions between different phases of the disease—lobar or croupous pneumonia. Many times these differences are largely conjectural. And as there is but little difference therapeutically, our consideration will be pneumonia or lung fever, either single or double, as affecting one or both lungs.

The propositions, then, to which we will turn our attention will be:

First, Prognosis of Pneumonia, *Second,* Therapeutics of Pneumonia.

Prognosis.—Let me here preface my remarks on Prognosis, by saying I consider this disease to be a very serious one. And the seriousness will largely depend on the amount of lung structure invaded. It is a disease which largely taxes the skill and therapeutic knowledge of the physician. And yet to the wide-awake therapeutist, I know of no disease which will lead to more successful results.

Able and conservative physicians of every land have been shocked by the pessimistic utterances of men who are looked up to as being leading lights in the dominant school of medicine, and these utterances have been repeated again and again during the last fifteen years. And when the leadings lights have been so hopeless in their opinions, men of their own school in the rank and file have been entirely demoralized as to what can be done.

Let me quote from a standard authority. I will not mention the author's name, he already having had much cheap notoriety on other lines. To quote: "In a disease which carries off one in every four or

five of those attacked, the prognosis, in a large number of cases, is necessarily grave." Again the same authority, "Pneumonia is one of the most fatal of acute diseases. Hospital statistics show that the mortality ranges from twenty to forty per cent." This theory has been harped on so much, that according to these men, if you have a bad case of pneumonia on hand, the friends had better prepare for a coffin and funeral. Again I quote from the same author, "Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command." If this is not therapeutic nihilism, I never read or heard of therapeutic nihilism. If the disease can not in any way be influenced by medicine, then why should we give medicine? Why should the doctor visit the sick? Do you wonder that physicians who train under this teacher have a high death rate in pneumonia? And such men from the Atlantic to the Pacific are talking about the terrible death rate in pneumonia. But let us call other witnesses and see what they have to say.

Dr. Beach, a pioneer Eclectic, after describing his treatment of this disease, says: "I find no difficulty in managing this disease. I have yet to record the first fatal case in all my practice, except when complicated with some other disease, or connected with some peculiarity, as improper treatment by others, and I find other practitioners of the reformed school are equally successful." This was written in the early sixties.

Now let us call to the witness stand John M. Scudder, M.D., and hear what he has to say.—On Prognosis he says, "We may anticipate a favorable termination in a large majority of cases. In fact, we do not consider any dangerous unless both lungs are affected, or typhoid symptoms are manifested from the commencement. In a majority of cases the disease can be arrested before there is much exudation into the structure of the lung and consequently all danger avoided." These two men, as practical painstaking therapeutists, have never been surpassed. Their success in the treatment of the sick was phenomenal. It is now over thirty years since I began to prescribe for the sick and during that time I have seen pneumonia in its severest forms, and I can say with the immortal Beach, I have yet to record the first fatal case in my practice unless there were severe complications. I have known others who could say the same thing. In fact, the success attained by Eclectics and by Homeopaths

in this disease has been such that we are led to give a favorable prognosis in a very large percentage of our cases, providing our instructions in the management of the cases can be carried out.

Therapeutics.—Now let us look to the therapeutics of this disease. Here is where our success will be manifest. And in the management of this disease, if we have good medicines, and know just where to use them, and how to use them, we shall find we do not need a multiplicity of remedies. As this article will be read principally by physicians who know something of specific medication and specific medicine, there will be no need to go into the indications for different remedies, but just name the remedies. The rest will be plain to the physician, and herein lies the beauty of this system of medicine.

First I will mention the remedies for internal administration: Specific medicines, aconite, gelsemium, veratrum viride, belladonna, bryonia, rhus tox, ipecac, lobelia mf., asclepias tub., jaborandi, cactus grand., phosphorus, calomel, scutellaria lat., cypripedium pub. and baptisia, triturations of sanguinaria, phosphorus, kali phos., kali mur., tartar emetic, pilocarpine, podophyllin, atropine, strychnine. Add to these intestinal antiseptics and saline laxatives. These remedies are given as indicated and in my own practice I seldom go outside. You may say what you please about oxygen. I say there are times when it is a priceless remedy. But I believe in some quarters it has been used too much. And I think when it is indicated, many times, it would be better to give it in the bowel rather than by inhalation.

Now for local treatment among the early Eclectics. The first thing was an emetic and vapor bath. And wonderful were the results achieved. I do not underrate these things. I think yet a properly administered emetic will get there quicker than anything else I know of. But I very seldom give emetics in these days. Local applications:—I have very little confidence in flaxseed poultices or mush jackets. They are too heavy. My first reliance in a bad case where I want to bring down temperature and loosen up the secretions, is a properly-applied hot blanket pack, when the pleura is implicated and the pains agonizing. In one case I got great relief and speedy betterment from a canthos blister. The Fathers used to wrap a hot brick in a piece of blanket moistened with vinegar and water and pack it close to the painful part. That I know was a great remedy. In cases of simple pneumonia, nothing is better, than to take libradol one part, lanolin two parts. Spread a cloth and place over the af-

fected part, renewing every six or eight hours. To hasten resolution a Japanese stove, with lighted punk placed over the plaster, first wrapping the stove in several thicknesses of flannel, is good. Many here use the larded cloth sprinkled with co. powder lobelia, a la Scudder. The patient should be kept warm in bed and the room well ventilated. This is very important. Let the temperature be kept even. The sponge bath should be given often or less often, according to the temperature. It serves to lessen temperature, and tends greatly to the comfort of the patient. I left out on purpose acetanilid, because unless is it used with the greatest care, it is a dangerous remedy. And yet in some cases where headache was a prominent feature, I have seen it do great good.

Feeding.—This I regard as very important, and for this purpose the conditions of the stomach and bowels must be closely watched. In the commencement we often find a coated tongue, loaded bowels, and foul secretions. Broken doses of podophyllin or calomel, or both with colonic flushing, will soon remove this condition. Get the alimentary canal into a clean, aseptic condition and keep it so. I have often had it remarked about my patients eating well and enjoying their food. Asepsis is the secret. Clean them up and clean them out; they will then eat.

The food on which I principally rely is good rich hot milk. Good meat broth, egg and milk, milk toast, a little ice cream, good ripe fruit. I have given bovinine, panopeptine, etc., in milk and peptonoids, etc. Many things will occur to the intelligent physician, or to the nurse, under the physician's instruction, which may be given with advantage. An article I learned about, many years ago, often comes in well. That is one or two teaspoonfuls of fresh brewer's yeast, in a little water, after eating, three or four times a day. It seems to have the power of keeping the stomach in good order, and should be a good means of supplying nuclein at a cheap rate.

What about alcoholic stimulants? I do nicely without them. First in the early part of the disease, I do not depress my patients, then in the latter part they do not need alcoholic stimulants. Hot liquid food with strychnia and atropine, take the place of alcohol, whiskey, port wine, etc. Occasionally, when I have a patient who has been used to whiskey, I allow just a little. The therapeutics outlined above have given me the best results. I know, with such means, I have seen pneumonia favorably influenced, shorn of its terrors and fatality. Yea, cut short and aborted.

Someone may say my cases have been mild ones, so I think it may be proper in conclusion to call up a few, that you may form some conclusion as to their nature.

One of the most severe cases I have ever seen was that of an old soldier. Drink had made worse work with him than the boys in gray. Age about fifty, double pneumonia, made a good recovery, and is still living.

Second, a descendant of Samuel Thompson, the medical reformer, over eighty years old, double pneumonia—made a good recovery.

Third, an old lady about eighty-six, quite feeble, both lungs affected, a case of bronchopneumonia—recovered and is still living. These three cases were sufficiently severe to try anyone's knowledge and skill in therapy. I might give more, but let me call several cases from this last few months' experience.

First, a delicate little girl about two years and six months old, both lungs were involved, and the case was complicated with gastric and meningeal trouble. The case yielded and we thought the child out of danger. A night of bowel trouble led to a very severe chill next morning, followed by a severe collapse. The child was thought to be dying. Small doses of atropine soon brought back the blood to those death-like features. As the collapse and chill gave way, the temperature went up to 104 F. We had the best counsel, Allopathio and Homeopathic. Scarce any change was made in the treatment. Hot packs soon began to reduce the temperature. The child made a good recovery and is well to-day.

The next two cases both in one house. The husband, a man near seventy, was first taken down. He was feeble and had cardiac trouble, so that heart tonic had to be used all through the case. The right lung was very badly affected, and he had all the well-known symptoms, with high temperature, rusty sputum, etc. As he began to improve, the left parotid gland began to enlarge and inflame. The whole left side of the face was very much swollen, yet under treatment, the gland resumed its normal size and he made a good recovery, though still feeble.

As favoring the idea of infection of this disease the wife of this man, who had been helping to take care of him when he was in the turning stage of the disease, came down with all the typical signs of the disease—fever, pain in the chest, rapid breathing, and rusty sputa. She was a very delicate and neurasthenic woman. Yet in

her case she made a rapid recovery so far as the lungs were concerned, but was weak and debilitated for some time. These cases are picked out of many. They were in every case typical cases of pneumonia, most of them more than ordinarily serious; and yet they were helped and raised up as this writer believes by medicine. And in conclusion I wish to say I believe hundreds of physicians are having the same experience.

ECLECTIC vs. ALLOPATHIC TREATMENT IN PNEUMONIA.

J. D. M'CANN, M. D., MONTICELLO, INDIANA.

To many people the word pneumonia contains as many elements of "awfulness" as it contains letters. A mother may sees her child have a number of convulsions, but each recurring one frightens just the same; and no success in the treatment of pneumonia takes away the dread of a future contact with the disease.

We must admit that it is a disease carrying with it a large number of fatalities and the laity looks upon a case of pneumonia in an elderly person as a hopeless case for recovery.

I thought when announcing my subject that there was a fruitful field for exploration and one in which a great array of opposing forces might be pitted against each other. In any research that I have been able to make I find no Regular physician who is willing to pin his faith to a single remedy and swear "by the eternal" that it is a good thing in the treatment of pneumonia. We hear them say that medicine is of no avail, but when we see the results of Eclectic treatment for a number of years, our faith strengthens as did that of our mothers when they went to that Book of books for consolatiou.

Here is an old school brother who would operate for the cure of his pneumonia, another has found all the germs in the catalogue as the aggravating cause, but gives no means of eradicating them. Another would use ice packs, another cold bathing, another enemas of creosote per rectum, another a poultice, and their internal treatment is as uncertain as the antics of a broncho. When I say their I mean the men who write books and long, so-called scientific articles for publication with more theory than practice. It is my belief that that the average Regular of the rural district is absorbing more of

the good things that pertain to a rational treatment than his city brother; and the reason, I take it, is that he is farther away from the isms of the old world and closer to nature and nature's remedies, in which the Great Physician has so liberally placed his healing properties.

In almost every state we find asclepias tuberosa growing in abundance, and it is one of the first remedies thought of when called to treat a cast of pneumonia; and I would just as soon think of treating a child having a fever without aconite, as pneumonia without asclepias. I am glad to say that the life of our pneumonia patient does not hinge upon the use of asclepias. We have an abundant and vitally-pregnant list of drugs from which to select, and in the list I would name bryonia, sticta, ipecac, lobelia, aconite, jaborandi, and belladonna if indicated. We may use one, two or three of our chosen remedies, and if they fail we, like the little Japanese general, have a reserve column to push into the fight when our favorites fail. Among the list on the reserve line I would use the hot water bag, libradol, antiphlogistine or flaxseed poultice. So against a list of theories and a long list at the undertakers we array *our* forces and place in supreme command over those forces that splendid general—Common Sense.

Possibly it is not complimentary to some of our leaders who have taught us Eclecticism for so many years, but we believe *they,* in a measure, are getting farther away from the spirit of the word every year, than is good for our splendid cause.

We take it that Eclecticism and liberality are in a measure synonymous terms. We think it savors too much of the old time arrogant Allopath, when those high in our councils hold us up to ridicule because we elect to use a poultice, which was a good red-hote antidote in the hands of our forefathers. If a good hot onion, flaxseed, or mush poultice relieves my hepatized lung, I praise the Lord for such a poultice, and if a covering of oil silk or the cotton jacket does the work, I say amen and rejoice because of the defeat of the undertaker.

If Dr. A. has found a remedy that is good in a certain condition of the abnormal body, let him tell us the facts that we may profit by his wisdom and provings. If, however, we have a remedy that has proven valuable in like conditions, there is no need of a change or of charging Dr. A. of insincerity in his chosen remedy. We may,

however, have a patient who is so constructed of finer or coarser texture that Dr. A.'s remedy would be the better, and vice versa.

What is the use of sending a Russian soldier a long journey from home to fight for his country, when there is no country to inspire him with fighting zeal? Why send a man out to fight pneumonia, when his sword breaks at the first thrust and he has no confidence in the armor in which he is clad, and no reserve forces at his back to stimulate him for the onslaught? Nay, my brethren, give me the man who elects to do because of the faith within and who has so studied his materia medica that he is "Johnnie on the spot." Allow me to congratulate you, my friends, that you belong to the great Eclectic School of Medicine and whose resources are beyond question and who has ammunition for the game that is sought for.

PULMONARY TUBERCULOSIS.

J. PAUL HARVILL, M. D., NASHVILLE, TENNESSEE.

Occasionally the general practitioner has a case of diphtheria, scarlet fever, typhoid fever, etc., to treat, and sometimes he goes months and even years without coming in contact with either. But not so with tuberculosis. It is like the "poor" spoken of in the Bible: "It is always with us." Not a week do I pass without examining or treating some patient who has tuberculosis in some form. Almost daily do we have to view the pathetic figures of hopeless men, women and children, under the ban of this dread disease. It is, to a great extent, the offspring of our modern civilization and is no less an enemy to our great commonwealth.

When yellow fever strikes the border of our continent, we are all greatly disturbed and immediately every town and village near such point, throws out quarantine restrictions and uses every precaution to prevent the spreading of the disease. Yellow fever kills quickly; tuberculosis slowly. Tuberculosis may not be so contagious, but it *is* more fatal. It is estimated that 18 per cent. of *all* deaths are caused by consumption. The mortality from tuberculosis equals that from peritonitis, small pox, appendicitis, cancer, scarlet fever, la grippe, typhoid fever and diphtheria combined. In the United States one person in nine dies from this disease; and of the deaths which occur between the ages of fifteen and forty-five, one-third are

due to consumption. In Germany, between the ages of twenty and twenty-five, almost half of the deaths are from this cause. These facts are very alarming and should receive more attention than heretofore. Fortunately the medical profession is gradually waking up to the fact that it has not been diagnosing the disease early enough. It has depended too much upon the physical signs and too little upon microscopic examination of sputum. While this is not always conclusive as a diagnostic point, yet if you get a positive result from the examination, you have an earlier start in your management of the case.

Free examination of sputum is now provided for by most city boards of health, and every patient who has a persistent cough with yellow expectoration, should have his sputum examined. Our salvation from this terrible disease in the future will depend on strict prophylactic measures and early diagnosis.

It should be observed that tuberculosis always has been curable. But until recently the early and curable stage of the disease was not recognized as real consumption, but only threatening. In the light of modern knowledge it is practically certain that Napoleon, Goethe, Von Moltke, Cecil Rhodes, Emerson, Tolstoi, Richard Strauss and a host of other prominent personages were cases of cure. Change of habits and conformity to nature's methods, perhaps, contributed more than anything else, to the cure of these men. There are many factors that prove causative of this disease.

An inherited vice of constitution is undoubtedly an important element of causation in many cases of pulmonary tuberculosis. Mothers transmit the disease, or a tendency to it, more readily than fathers. Alcoholism in parents has a tendency to transmit the conditions of tuberculosis. Consanguineous marriages are also liable to produce the tendency. The stronger the hereditary tendency, the earlier the disease will manifest itself. Perhaps tuberculosis, per se, is scarcely, if ever, transmitted.

But, as a grain of corn requires heat and moisture together with the proper soil, so with the tubercular bacillus, certain conditions of the tissues must exist in order that the germ produce the disease.

As the Japanese government and military power resisted the invasion of Russian forces, so a great many human vitalities will resist the invasion of the tubercular bacillus. Even after it has invaded the tissues of some patients, their vital forces will hem the invading

elements and so cripple their destructive power that they will not be able to destroy further tissue. I had a patient several years ago with tuberculosis, who, after spitting up a dozen or more stones from his lungs, entirely recovered, and is pursuing his usual vocation today. Poor hygienic surroundings are potent factors in the causation of tuberculosis. Absence of sunlight, and impure air, exert a marked influence in this respect. People who are too closely confined, or huddled together in workshops, are more liable to have the disease. Prisons and large factories are examples of this. The cotton factories of our southern states especially, make quite a nidus for its development. The lungs not only fail to get the proper amount of oxygen in such places, but they are continually inhaling lint and dust that render the lung tissues less able to resist the disease.

I have known from two to four children in one family to succumb to this terrible malady, where there was no tuberculosis history. Young girls especially, arriving at the age of puberty, are more susceptible. Sexual excesses and abuses, as well as alcohol and tobacco, are frequent causes. Infantile life is a period when the foundation of tuberculosis is laid, frequently. Prolonged lactation is given as a probable cause. Climate, also, has an influence upon this disease. It is rarely known among mountaineers and high altitudes. A climate that is especially good for such cases from abroad, will have little or no influence on those developed there.

Prolonged malarial infection often has a strong tendency to produce the disease. Physicians should be very careful in dismissing such cases until they have recovered their usual vigor. Typhoid fever cases should be watched for a long while, as well as your measles, scarlet fever, whooping cough, bronchitis, pneumonia, etc. So long as the digestive apparatus is in good condition, there should be little fear of death from this disease. Dr. Scudder said years ago: "Consumption is now regarded by the better-informed physicians, as a disease of nutrition, and medicine should be directed to this end. Place the stomach and digestive apparatus in good condition, as a matter of first importance."

An early diagnosis is important, if results are to be expected from treatment or change of climate. If your patient has a persistent cough that will not yield to the usual treatment, there should be a close investigation made of the case to determine the presence or absence of incipient tuberculosis. Morning cough, with yellow ex-

pectoration, sometimes streaked with blood, is not to be passed over as unimportant. General anemic appearance, together with a tuberculosis history, should constitute an early symptom of the disease. Emaciation is an early and inevitable symptom of the malady. Every tissue in the body is involved in this destructive process—burning up from increased oxidation. Even the blood is deprived of its hemoglobin and red corpuscles.

The leucocytes, fibrin and calcic phosphate are increased. An early symptom in young females is amenorrhea, though it is not to be relied upon, unless there be other and more important symptoms present. The skin is pale, transparent, blue-veined in appearance. The hair is dry and brittle, thin and expressionless. Gastric disturbance is an early attendant upon tuberculosis. The red line at the edge of the gums is usually an early symptom. Some have observed the dilated pupil as an early symptom. Hemoptysis is regarded as a very certain indication of tuberculosis, but it is not necessarily an infallible sign.

It is useless to multiply symptoms such as fever, pain, dysuria, diarrhea, etc., as they are very familiar to even the laity. Examination of sputum should be made in all suspicious cases.

Treatment.—The two elements of treatment, perhaps, that stand out most prominently, and that promise greater results, are: Diet and climate. It is impossible to make much headway in treatment of this disease, unless food is kindly received by the stomach and assimilated. The importance of proper diet in tuberculosis has been dwelt upon since the time of Hippocrates. Aretæus mentions the value of milk in phthisical patients. Quotations pregnant with facts relating to the value of proper food might be added from almost every writer of prominence.

Osler sums up the matter as follows: "As a healing of a tuberculosis process is largely dependent upon the state of nutrition, the question of diet becomes of the very first importance." Friedenwald says: "From the outset the patient must be impressed with the fact that diet is of primary importance in the treatment of the disease, and whenever he displays a tendency to become careless in this regard, the injunctions concerning diet must be repeated."

It is better to give the patient written instructions—stating what *should* and what *should not* be taken, especially if he has strong likes and dislikes. The nutrition of the patient is a reliable guide as to

the progress of the disease. Care should be taken to avoid disturbing the stomach by the use of nauseating drugs. More milk and eggs and less drugs should be the rule. The patient should be instructed to rest before and after meals, at least one half-hour. Milk should be used direct from the cow, and plenty of rich, fresh cream should be used two or three times a day. I think there is no better diet than eggs, and cream, and milk fresh from the cow.

The following articles should be given where there is no special contraindication: Eggs, raw meats, fish, cereals, easily digested vegetables, breads, fruits and oils.

Where the cod-liver oil can be taken it is one of the best of foods. I have seen remarkable results from it. Alcohol is considered by a great many writers, as not only detrimental, but that alcoholism predisposes to tuberculosis. I should not discard it altogether, but use great care in its use as a stimulant or a food. Nationality and previous habits must not be disregarded in our use of alcohol. A tuberculosis patient should be fed from four to six times a day—small quantities at a time. My experience with consumptives is, that they eat enormously at one meal and very little or nothing at the next—unless under strict regulations. There is no doubt but that close dietary restrictions will yield valuable results in this disease. The utilization of climate to promote the comfort or recovery of tuberculosis is of very great importance. Phthisical patients are often benefited and sometimes cured by change of climate. But I do not think the improvement is altogether attributable to the change of climate, but other environments as well. One reason, perhaps, is that when the patient expends his money in a change from one point to another in pursuit of health, he gives more attention to fresh air and sunshine—they live more in the open air, and think less of their own condition.

The sooner we return to simpler methods of living, the sooner we will cheat this terrible disease of its millions of our population annually. I am not afraid of the wonderful microbe of tuberculosis so long as I eat pure food and live in the open air and sunshine.

Prof. Lloyd says that: "A grain of wheat is a food by virtue of the sunshine it contains." Then let the sun shine upon your patient and let him breathe the fresh air—the purer the air, the better. Get your consumptives out of the crowded districts of our great cities, give them well-ventilated apartments, teach them how to take care

of themselves, remove from our factories all children between the ages of 8 and 14, and your efforts will bear fruit to the uplifting of humanity. Teach your patients how to breathe in order to utilize the fresh air.

Good climate has for a long time been considered of first importance. But there are thousands of patients suffering from this disease, who are not financially able to take advantage of the climates that are usually prescribed for the cure. I have sent patients to Florida to spend the winter, who were much improved. I have sent them to New Mexico with very favorable results; also to North Carolina and to California.

These climates prove healthful to many patients. But there is such a thing as seeking your fortune at a distance, when you could, by taking notice, find it at your door. The trouble is we do not properly utilize the climate we have. Brehmer in Germany conceived the idea, which is becoming almost universally accepted, that climate is of secondary importance and that out-of-door life and other hygienic conditions perform the cure. After having cured himself in this way, he started a sanitarium in 1859. He gave his patients this treatment and kept them out of doors in the daytime as long as the weather was pleasant. Dr. Dettweiler was one of the patients who was entirely cured and who afterward started a sanitarium of his own. He went a step further than Brehmer, in that he paid no attention to the weather. Patients now sleep out of doors the year round. Dr. Trudeau has gradually developed the Adirondack College Sanitarium after the idea of Dettweiler.

The best results, of course, are expected while the disease is in its incipiency, and it is the physician's sacred duty to discover the disease before it has gained headway, and impress upon the patient's mind the great importance of speedily changing his mode of living, and giving his whole attention to recovery. In other words, make a business of getting well. I believe they should tread mother earth in their bare feet and dig the soil with the hoe, and live as close to nature as possible, and wear as little clothing as practicable. A cold bath about the chest, followed by brisk rubbing, and then anointing with olive oil, is an excellent preventive from fresh colds. Medicine should, by no means, be discarded in treatment of this disease. Therapeutical measures will consist of remedies to impart strength and vigor to the constitution and to palliate or overcome urgent symp-

toms. Each individual case will require treatment according to its peculiarities, the constitution and habits of the patient, and various other circumstances. Specific medication can be brought to bear here as well as in typhoid fever. I saw a case cured with Syrup Iodide Iron a few years ago. He remained cured. I began with one-drop doses three times a day and increased one drop each day for thirty days. After this I reduced the dose to fifteen drops and continued medicine until recovery. I cured another case with Howe's Acid Solution Iron and Arsenic (Fowler's Sol.) given alternately. according to Howe's method.

On general principles the following prescription has been used by the author, with wonderful success:

R Tr. Iodine .....dr. ss
Dil. Phos. Acid .....dr. 3½
Glycerine .....q. s. oz. 4

Sig.—One teaspoonful twenty minutes after each meal. This has a remarkable effect upon the cough and night sweats as well as upon the digestive tract. This combination does not disagree with stomach when given in water. Creosote has benefited some cases, in my hands, but the majority were not only not benefited, but made considerably worse by its unkindly influence upon the stomach. I should not recommend its indiscriminate use. Brandy combined with glycerin, is very efficacious in some cases. Strychnia, phosphorus, lycopus, lobelia, ipecac, syrup hypophos. co., malts, etc., should be given according to their indications.

Physicians should take a greater interest in trying to prevent tuberculosis. The people must be educated along these lines. Municipalities must be urged to take a more active interest in this work. Every State in the Union should make a strong movement against the "Great White Plague." Massachusetts was the first State to build a sanitarium for the treatment of tuberculosis. New York has a half-million dollar institution under way. New Jersey has appropriated $300,000 for the same purpose. Delaware, Maryland, Illinois, and Michigan and a great many individual cities, as New York, Philadelphia, Boston, New Haven, Scranton, Chicago, St. Paul, are making an active crusade against the disease. One common message to all men who are predisposed to this disease is give more attention to the diet, working and sleeping in the open air, avoid whiskey and tobacco, and form regular habits. The day is not far

distant when our government must take a hand in the prevention of this disease.

PULMONARY TUBERCULOSIS.

C. N. BROWN, M. D., FAIRMOUNT, INDIANA.

The greatest subject for the contemplation of mankind, is man himself. Green-eyed scientists have taken the backward trail and linked him with the ape. Marvelous is man's progress whether he be related to the ape or was created after the image of God himself, and made but little lower than the angels.

Primitive man was content with the simple life. His rude hut was only a shelter from the beating storm. He lived out of doors, roamed over the plains in groups or hordes and bivouacked at night with only the blue canopy of heaven for a shelter. The earlier type of man was nomadic. He loved the chase and ever sought game or war with distant tribes or clans. No sooner had he despoiled the enemies' harvest and led away their herds captive, than he sought new fields of conquest.

From this wandering, restless, tireless tribesman has developed by slow processes of evolution, our civilization of today. Man stands today on the very pinnacle of scientific research and achievement. All this wondrous growth and culture have wrought changes in his modes of life. The rude hut and cabin are forsaken and we see him occupying his palatial residence with draperies and tapestry, with hangings about his bed at night.

As vainglorious man forsook the simple life, he courted the invasion of disease, and the arch fiend of all human maladies—the gaunt and hungry monster, tuberculosis,—has fastened his death-dealing fangs upon him and kills more annually than any other known malady.

He is no respecter of persons,—the pauper and the autocrat alike bow to his unerring blow. In age he especially felicitates himself upon those of the active period of life, from 20 to 40 years, when life is sweetest and the ambitions of youth burn with all their intensity. But the slow and smoldering flame becomes apparent, the victim is marked and the man or woman, whose promise in life was as glorious as the rising sun, sees the lambent flame of life sink back to the horizon ere it reaches the zenith and the hope that once ex-

isted, ends in despair, direful and dread—they fall victims to the common enemy.

Man in his triumphal march is relentlessly pursued by his old enemy, and too often the very flower of our country is slain when its life bids fair to excel those that are left behind. When some poet dies after a few sweet notes, our heart aches at the broken symphony, but oh, what a wealth of love and happiness this world has lost because of the ravages of the white plague.

It is true the statistics of some of our large cities would indicate that the arch-enemy of man was losing his fury, but the busy practitioner has only to think back home and recall the cases he left that are beyond the help of mortal man, though months away from the grave; and he finds small comfort in statistics.

How strange it seems that we all should be so apathetic in the midst of such great peril. When we are embroiled in a war with a puny and decadent nation, millions of dollars are expended for army and navy equipment when the loss of battle will hardly approximate the death loss from tuberculosis in one of our populous states.

In these days of national greed, a great deal is heard about the man behind the gun. Doctors, we are each the man behind the gun in this warfare against tuberculosis, and are we going to win lasting glory and fame to be handed down to posterity when we are numbered with the honored dead, or shall the green graves of our old enemies' victims be our only monuments of achievement? Money must be appropriated by proper legislation in each state, with which to systematically combat this evil. The cost of one great battleship that floats majestically in our peaceful ports and mayhap will never sight an enemy, expended in each state, would save thousands of lives the first year and by prophylaxis many thousands annually thereafter.

We must quarantine and separate the well from the sick. Cornet, under Koch's supervision, demonstrated the infectivity of tuberculosis in dust samples taken from the wards of consumptive hospitals and other localities. It is interesting to note that the disease was produced from the dust of a room of a tuberculous woman, 36 days after her death. Countless millions of these bacilli are thrown off daily by these patients and it is impossible to teach them the art of cleanliness, so that in most instances the rest of the family are hourly endangered.

Is smallpox more deadly than tuberculosis? Does it mitigate the loss because it requires three years to kill, while the former will neatly dispatch us in two or three weeks? Let this assembly note on which of the two diseases they would take the chances of life with, and the vote would be unanimous. In Henry's historic words: "Give us smallpox or death, but don't give us tuberculosis." But they say smallpox is more contagious and therefore demands the greater precaution. Let us see.

In my own practice, in a colored family of 13 members, during a period of 15 months, there was a death loss of four children, and an aunt who waited upon them, died a few months later. All of pulmonary tuberculosis. This family lived in squalid quarters. The house was a small frame, heavily shaded by large maples; and had not a philanthropic grocer put up the money to rent a new house in the open, it is only reasonable to suppose this family would have been annihilated. Since moving into the present quarters there has been one birth but no more deaths.

In the practice of a Homeopathic brother, in a large family of adults with negative history, circumstances moderate, there have been three deaths in a period of 14 months, all young men, and a sister is reported as suffering from the same malady.

It *is* contagious and as long as we expose whole families to the contagion in every case, just that long will tuberculosis bear the palm of victory as the greatest destroyer of human life.

I advocate deportation. Build and maintain at the State's expense, sanitoria say on the plains of New Mexico or Arizona. Furnish free transportation and the latest and most advanced methods of treatment. There on the sunkissed plains where in a few hours the poison they throw off will lose its venom, let them live in hope and peace, surrounded by all that will facilitate recovery and do not let them return until the disease is arrested or cured. They want to go and do go and wander aimlessly and hopelessly about and thereby hasten the bitter end which they hoped to delay.

The rich should be, if they remain at home, kept under strict quarantine and the cases reported and registered, visited twice a week by a competent medical man, on a tour of inspection to see that the rules of the quarantine are being rigidly enforced. Lessen the number and time of exposures and you will thereby stamp out and eventually cure the curse of the century. The state provides

asylums for the feeble minded and insane, and I regard them no more state charities than I do tubercular patients.

It is claimed that the freedom of the insane is a menace to society and threatens their lives. True it is, but did the sister that died in that poor colored man's family, ultimately by infection, carry with her four of her innocent brothers and sisters? Death from the thrust of the maniac's knife is to be courted compared with that slow and lingering torture which tuberculosis entails.

There are the vast and unoccupied acres of the sunny west where the excreta of the body become innocuous in a few hours and where the mild climate allows many hours every day of sunny exposure with the sleeping apartments at night almost as open as the plains itself. No matter what stage of the disease, the patient is fairly comfortable. Sleep is sweet, and while they will die, they do not suffer the tortures of the damned like those that are shut in during our winter months, which is nearly six months of the year, in many of our northern states.

Treatment is always unavailing, but yet we must try. We would recommend the following and classify it thus: climatic, dietetic, hygienic, therapeutic.

Keep all advanced cases or febrile cases at home, carry them flowers and talk much to them of religion; for their only hope of happiness and freedom from pain, is in the future.

The early cases might try, with benefit, a change of climate; if of rugged constitution, and there are no heart complications, altitudes, if of the opposite type, sea levels of a dry climate. Young men, if willing to undergo the hardships of a cowboy's life on the plains, may, by roughing it, get well, and this fascinating pastime offers by far the greatest chance for recovery. As to diet, push it to the limit of beef steak, eggs, milk, cream, bread, butter, and vegetables. Require the stomach to do its maximum work every day. Some patients can easily digest five or more meals a day. Then by all means see that they are given it.

Strict hygiene of the body in detail should be attended to by the nurse or attendant and never left for the patient. An alcoholic rub early in the morning, with cold applications to the chest if the patient is robust and is not shocked by it, while at night a thorough massage with inunctions of olive oil will bring good results.

Give medicine sparingly and when sure it is indicated, and then

of our mildest preparations. Creosote preparations can seldom be used to advantage because they impair the stomach, the essential organ, for the prolongation of life in these cases. Leave them alone, for they kill. Mild stomachics with a cough sedative, say,

R Codeine Sulph .....gr. viii
Dilute Hydrocyanic Acid .....M. xx
Syr. Tolu .....q. s., oz. ij

Mix. Sig. Teaspoonful at night to quiet cough is about all the medicine that will yield any good results.

DISCUSSION.

DR. BLOSSER: I want to say in regard to the treatment, aside from the hygienic treatment, forced feeding, etc., that I have tried beechwood creosote. I would like to know the experience of others. I have had good results with it.

DR. WHITFORD: It is a very interesting subject and I think it should not be passed by without a little talk from some of us, not that I practice and can cure tuberculosis; I cure consumption; I make quite a distinction between tuberculosis and consumption. Many people have consumption; they may have lung trouble that would seem as serious as tuberculosis, but not tuberculosis; simply a chronic pneumonic condition that we ought to make an attempt to cure. If there is any doubt about the diagnosis—and I want to say a good many people have got well because the physician has undertaken to cure them and did not expect to; they had only a chronic lung disease. One thing I want to present is this; in the treatment of the disease, except it is genuine tuberculosis, the balsamic treatment affords the greatest benefit to me. Balsam of fir, spirits of turpentine, anything that possesses balsamic properties, always benefits that class of people.

Now in regard to the change of climate. I have been watching that for fifty years, because fifty years ago I was pronounced a consumptive and informed that my days were numbered to three months at the very farthest, by Dr. Fitch of New York, who was then authority on lung diseases. I simply said I cannot die now; I have just got ready to live; I want to go and practice medicine for a few years, and I started. I did not have any more consumption after about three or four months. I did not have tuberculosis; but I had infection to a certain extent because I had come in contact with this disease for two years and undoubtedly contracted the difficulty I

had through that, yet tubercles did not form in my lungs, otherwise I would not be here today. I had a very bad case, run down to 90 pounds from 125 and had any number of hemorrhages. I went to a locality of low altitude—in all your cases of lung trouble you want them to go as near the level of the sea as possible. Do not send them to the mountains. They do not get well. You know they have been sent to the highest points and died, and I know of hundreds of people that went into Florida along the coasts, where the land is about three feet above the level of the sea, who have recovered nicely from what seemed to be very serious lung difficulty.

I had one case to which I would like to call attention. When I came up from Florida, one spring, I heard a young lady was to pack her trunks and going to Colorado. She had consumption. It was claimed she had tuberculosis, but I did not think it was; every one did because her father and brother had died exactly the same way and they had both gone to Colorado. I said to this young lady: I want you to go to Florida. I directed her to go to the west coast of Florida and get as near the water's edge as possible and near the level of the sea. In two months she entirely recovered; she took a course of treatment and a tar preparation, wine of tar, and good high living.

DR. BRISTOL: Forty years ago people looked at me and said, he has got consumption. They said I must stop singing. If I didn't stop using my lungs in that way I would die of consumption. When I was 14 years of age I had scarlet fever which left me with catarrhal trouble and a bad cough. Twenty-three years ago I had measles which thoroughly cleansed me; I had no trouble after that. After that I took a severe cold, commenced to cough and nothing seemed to touch the point. I went into the New Hampshire white pine region and stayed two months; my cough was gone and I haven't had any since. There is something about pine air that is good for the lungs and I am quite in the habit of using pine, balsam of fir, etc., for such troubles.

DR. MILES: I have been very much interested in the paper, especially as it pertains to preventive medicine. It seems to me that this is a field in which the profession must go. As far as the ridding of our people of tuberculosis, there can be no question to my mind that tuberculosis is a germ disease, and I have no question in my mind in regard to the matter of whether or not tuberculosis is a

hereditary disease. I do not think it is, any more than diphtheria and scarlatina or typhoid fever. It is a germ disease; no one has tuberculosis unless he has a germ. The great question comes to us now, How can we rid ourselves of the projection and dissemination of that germ? The suggestion has been made that the State should take care of that with treatment by which those who are infected with the disease may be isolated, and to be sure that is one of the most feasible methods. Isolation certainly by some means or another is the only method by which we can prevent the dissemination of the disease. On the other hand, we have seen cases where a single member of the family has tuberculosis and no other member of the family has been infected with the disease, which indicates very clearly that there is a soil in which the tubercular germ may lodge itself and take effect and that there are others where it does not. We have all of us had cases of scarlatina in a family and every member exposed and no other member of the family has taken the disease. There is a soil that favors the germination and the spread of the tubercular bacilli. It seems to me that we must, by the means that have been suggested, limit the spread of the disease and prevent its dissemination.

Now a word in regard to the treatment. To be sure, I have not much confidence in any of the remedies or any means that have been used for the prevention of the disease, and I have had an experience of more than forty years in its treatment. I know of the methods of some of our best men, and I would especially refer to our own Dr. Green, ex-president of this association, whom I regard as one of the most able men in the treatment of tubercular diseases. Here and there we see cases of tuberculosis;—there being no question in regard to the diagnosis, none at all—who have made a recovery and lived on, years and years, and died from other diseases. To my mind the method of treatment should be such as, if possible, to put the system into a state of regeneration; if by any means the system can be put in a condition where it is competent to overcome the tubercular bacilli, then we get our patient in a condition where he may, and will, recover. It may be by good feeding, it may be by massage, it may be by change of climate. There are various methods by which this regeneration may be favored and the system put into a condition where there is not only a resisting power, but also a recovering power. I would like to say to any patients in the

incipient stage of the disease that they can be cured. I think I can say I have seen a number of such. When it has progressed far and there is a breaking down of the tissues, then it is hardly possible. Cases have been found where patients have died from other diseases than the tubercular, and we have found the tubercular mass in the lungs, encapsulated there; a post mortem examination has revealed it. Our best pathologists will tell you that is so. I have certainly seen two cases on autopsy that died of other diseases where there would be no question the tubercular disease dated back years and years ago. It seems to me that in the earlier stages of the disease we should make a strong effort to save our patients. By what means, experiment must tell us, because what cures one does not cure another. I believe in rest and feeding in some cases, in others change of climate has a great deal to do with it. The exercise of the patient, the Swedish movement and I will say long breathing, and dumb bells improve the patient. If we will only make all the efforts we can make without the dumb bells and various other appliances very much can be done. I have seen cases in my own practice that have been wonderfully benefited, and a puny child with tuberculosis has been restored.

DR. ALLEN: There was one little item in that paper that we seldom hear of in our section and that is the use of the compound tar irritating plaster. As far as I know it is very little used. I wish to say that it has been a very good friend of mine under conditions of which the essayist spoke. It makes an impression on the patient and on the spine. There is nothing that will relieve a congestion as quick as that plaster.

NEURASTHENIA.

H. V. BLOSSER, FORT WAYNE, INDIANA.

Neurasthenia—sometimes called "nervous prostration" or "nervous exhaustion"—is a term which is used to cover a multitude of ills—much in the same manner as the word rheumatism—but expresses little of a definite, typical condition. It is many times misused or used synonymous with or as a substitute for hysteria, from which it differs in meaning very distinctly.

The *history* of this malady dates back indefinitely, but its prominence seems to have acquired greater attention in recent years, and

the frequency of its appearance corresponds with the strenuousness and competition of civilized life.

The *causes* are many, but may be divided or classed, under two heads, viz.: Acquired and hereditary. It may be acquired in many ways, chief of which are, acute mental strain, extreme physical exertion and physical injuries. Irritation of any of the various organs of the body, or nerve structures, or their coverings, also fright, grief, cold and exposure of any kind, concussion accidents, changes in the circulatory fluids, climate, temperament, sensory disorders and exhaustive diseases, as gout, phthisis, syphilis, anemia, typhoid fever, meningitis, etc.

The *inherited* variety, as the term indicates, is caused by the degenerated physical and mental conditions of former generations and the patient is a victim of circumstances for which he is not responsible, and which are beyond the power of man to change to any great extent. There is, too, a tendency to continue the parental habits, which caused the degeneration in the first place—this, I believe, is as much responsible for the so-called inherited weakness as any other.

The symptoms are many—as the causes would indicate. The most prominent of which are great exhaustion, lassitude and pain when subject to the ordinary physical or mental exertion. The pain varies to the extremes in location, character and severity, but always out of proportion to the actual pathological conditions. Paresthesia is common—patient complains of pricking and numbness, usually in the extremities. There is usually palpitation or irregularity of the heart's action—so-called functional disturbances. Occasionally the respiratory rhythm is disturbed.

Sometimes there is a nervous cough—deep, hoarse and rasping in character, and resists all ordinary treatment directed to the affected organs. The symptoms often occur with marked periodicity. Insomnia is present always at some time or another in the course of the disease. The sexual act produces extreme exhaustion and men are subject to emissions, irritable bladder, impotency, etc. With women the ovaries, uterus and bladder produce much more trouble than we would expect after a careful examination. The sexual instinct is usually normal, but irritation in the tract—of both male and female—often produce the most prominent symptoms of neurasthenia. Tenderness on pressure over the spine is usually present. The gen-

eral nutrition is impaired—patient is usually thin, active, emotional, often crying or laughing when he knows there is little to provoke such expression.

The patient is almost always anemic, even if he is fat. If you will examine the mucous membrane you will find it pale and lacking tonicity. There is usually a marked disturbance in metabolism. The excretions of the kidneys will vary to the extremes in quantity and often the quality is much changed. This will happen in a very short period and one extreme follows the other.

The digestive disturbances are variable and at times simulate true catarrhal gastritis or ulceration of the stomach. Periodicity of the occurrence of any of these symptoms, especially "sick headache," should lead one to think of neurasthenia. The pupils are usually dilated and quite active when subject to changes in intensity of light. There is a characteristic weakness in the voice and migraine is often a very annoying feature and hard to relieve. Various sensory disorders are present and often very annoying.

A Typical Case.—The neurasthenic patient is usually very active but easily exhausted. Has the will and intelligence to do things, but no power to execute them. Gets tired very easily and complains of pains in the legs—especially below the knees, also a tingling or numb sensation of the extremities, pain in the back, back of neck, back of top of head, dyspnea, irregularity of heart action. Sometimes there is much disturbance of the rectum and urinary organs (which may be the origin of the disease). Often he sleeps poorly and is easily awakened and cannot rest in bed.

He is quick, versatile and sensitive, and may be talented, yet has not the ability to achieve success. He realizes and exaggerates his weakness and gives way to self-consciousness and self-distrust and has a vague feeling of isolation and dread—in *common* words he is very susceptible to the "blues." He is sometimes egotistic in some respects—yet has no inclination or power to carry out his plans. He is afraid that something serious is going to happen to his life plans or health. He fears paralysis and insanity, and is often the most ardent patent medicine fiend—in fact, this class of patients furnish the stimulus for all sorts of quackery. His symptoms sometimes simulate and are so complicated with hysteria that it is difficult to decide which predominates. Any of his distressing symptoms—whether it be his headache, backache, stomach trouble, nervous

tremor, etc., may be brought on by excitement, grief, fear or any mental shock, also may be benefited by mental influence or change in environments.

The *diagnosis* is usually readily made from the extreme inefficiency of the nervous system, also the great difference between the actual pathological conditions of the various organs or parts, and that which one would expect from symptoms present. Another method is to observe the slow or negative results accomplished from the ordinary indicated treatment.

The *differential diagnosis* must be made from anemia—by the blood analysis. Chlorosis—by the characteristics of this malady. Concussion of the spine—by the history and characteristics of the case. Tabes—by consideration of the sensory disturbance, deep reflexes and the pupils. General paresis—by the acute exhaustion, lack of paralysis of muscles of the face, articulation, action of the iris, etc. Epilepsy—by the failure to complete loss of consciousness and other non-typical symptoms of epilepsy. The early symptoms of exophthalmic goiter are hard to differentiate from those of neurasthenia. Hysteria—which is very difficult sometimes, but the close observer will usually have little trouble. To call all suffering neurotic men and women *hysterical* is to disregard all the distinguishing features of these terms, yet it is frequently done. The neurotic person is sensitive, ambitious, sacrificing, and always doing for and worrying for others, while the hysterical is almost the opposite—being introspective, selfish, magnifying their trouble to gain sympathy, and are constantly scheming to keep nurse and friends on the alert and actively engaged in attendance.

Unlike hysteria, neurasthenia is about as common in men as in women. It generally occurs in early and middle life, yet may occur in early childhood in the form of night terrors, chorea, insomnia, etc. Sometimes it is confused with menstrual disorders, which will require careful discrimination.

Prognosis.—A permanent cure is not to be promised by the practitioner unless the disease is of the acquired variety, and where the cause can be removed, but in any case it does not shorten life to any noticeable extent, except in cases caused by injury, and then it is due to degenerative changes in the vital nerve and brain tissue.

The *pathological* changes are very indefinite, except in some cases of the acquired variety—especially from injuries. Here there may

be degeneration of the various nerve fibers depending upon the location and cause—sometimes of the anterior pyramids, anterior roots of the spinal nerves and sympathetic ganglion. Cases of sclerosis of the covering of brain or nerves are sometimes found.

In *treating* these cases, too much stress cannot be placed upon the necessity of inspiring self-confidence in the patient, and holding his faith in the doctor. He must be convinced that the doctor knows his business, and that he must co-operate in all the details of treatment to make the results a success. As soon as the doctor anticipates the nature of the malady he should impress the patient with his interest, carefulness and thoroughness by a systematic physical examination; and when once he has established his diagnosis, and is convinced that he is correct, he should explain in plain and comprehensive terms, to the patient, the nature of his trouble and firmly adhere to his original diagnosis no matter what variations may occur in the minor symptoms of the disease. Always be interested in, and reasonable with, your patient, and there will be little danger of losing him; and always insist upon his following minutely the details of your directions in regard to personal hygiene, exercise, rest, clothing, food and the taking of the medicine.

With the patient whose ancestors have been nervous wrecks, and who has little reserve force to draw upon, we cannot hope to gain any brilliant results, for we have nothing to build upon, or to build up. Yet if we will correct his daily habits and change his environments we will accomplish much. I firmly believe there is not so much in heredity as in family habits of wrong living. There is always a tendency to live and do things just like our fathers or mothers. A man often wishes he had something to eat "just like mother used to prepare."

Our first effort is to remove the cause if that can be ascertained. If it is wrong habits, correct them; if it is from mechanical irritation, that should be relieved; if from wrongs of metabolism, the proper agents should be selected to assist nature. I know of nothing else that will require a much more careful examination or a wider range of treatment or methods of procedure. Anemia, errors of refraction, organic irritation, inflammation, etc., must be relieved. Appropriate methods should be adopted to strengthen both mind and body, yet not to the extent of exhaustion. Personal hygiene should be emphasized. Avoid all stimulants as tea, coffee and alcohol, also

tobacco, as much use of these will make the trouble worse. Avoid business or educational competition, for these patients have not the nerve strength to endure it. Watch patients carefully during puberty, that they will not fall victims of overwork then—in fact, have them adhere to the simple life always. They should always have plenty of good, appropriate food—this will do much to hold them up.

When selecting a nurse always be careful to get one of a firm disposition and optimistic nature, because a hesitating, nervous and gloomy nurse in these cases will undo all the advancement the doctor has made.

The treatment will necessarily depend upon conditions. *Electricity* when rightly applied will accomplish much, and will also favorably impress the patient. General faradization and the static breeze give the best results. The hot vapor baths, when not used too persistently, will benefit the fat patients. *Massage* will accomplish wonders in those cases simulating paresis or abnormal contraction of involuntary muscle structure, e. g., that of the sphincters and of the skin, and in routine work to keep patient's time occupied.

Hydrotherapy should always be considered—such as the wet pack, salt bath, cold douche or shower bath, with brisk, thorough rubbing to follow. I often direct patients to use a towel dipped in cold water, immediately upon getting out of bed, then follow with dry rubbing.

The "Rest Cure" as proposed by S. Wier Mitchell is highly lauded, but I have never used it as directed. The patients (those who are so debilitated that any exertion leaves them prostrated) are kept constantly in bed for weeks at a time and given a systematic course in diet, massage, baths, etc., and details of which I have not space in this paper to discuss.

Those cases with sensitive areas along the spine will do well with applications of electricity, massage, or the irritating plaster.

I do not mean to ignore the medicinal treatment, for it is a valuable assistant to nature's failing efforts. It must not be depended upon entirely, or persisted in too frequently, or too strenuously. Often a placebo, alternated with the indicated medicine, or given alone, satisfies the patient as to frequency and as the efforts at prescribing and controlling the trouble. A good, general tonic is often all that is required, and the medicine should not be changed fre-

quently, as the various minor symptoms arise, for they often mean no definite change in the conditions; and the changing causes the patient to think that the docto r is trying a "hit-or-miss" plan—which sometimes is true. The doctor should not respond to frequent calls after he has once made a thorough examination, or give weight to every little annoying symptom, but convince the patient that they are not of a serious nature, and will finally be overcome. In the acute, or acquired condition, gelsemium, bryonia, macrotys or rhus will often be indicated. Sometimes potassium iodide or stillingia—especially when there are poisons or waste matter to be eliminated.

In the chronic condition nux, quinine, belladonna, staphisagria, ergot, cod liver oil, or senecio; avena, glycerophosphates, phosphorus and saw palmetto should be remembered when indicated.

Collinsonia has been a good friend when the rectum was the source of trouble. Pulsatilla is very often useful. Cases with severe pain (anemic) in back of head and neck and when some relief is obtained when drawing the head backward, the elixir of guarania and celery (Wyeth's) is an excellent remedy, but sometimes an opiate as Dover's powders is required. Cactus is often indicated. Fowler's solution of ars. added to the indicated remedy for the local symptom, is a valuable remedy.

Berberis aids materially as a tonic. Sometimes special sedatives are required, especially for the insomnia, reflex irritation, and hypersensitiveness. A good combination for a general tonic is that of iron, arsenic and nux.

Much more could be written upon this very important and neglected subject, but I have taken an excess time and space already.

MALARIAL FEVER.

E. G. SHARP, M. D., GUTHRIE, OKLAHOMA.

In presenting a paper under the above title, we realize that we are treading on ground that has been repeatedly gone over before, and taking up a subject that has been worn threadbare, and yet we believe it to be one about which there is yet much to be learned, as well as some things to be unlearned.

As to the causative factors in this disease, we believe that there are others besides that which is transmitted by the anopheles family, among which may be prominently mentioned a lowered vitality

from any cause or causes, disorders of digestion, torpidity of the liver with attendant stasis of the portal circulation, which latter we believe to be one of the most invariably present causes. In fact, after years of careful observation, we are led to believe that there are few cases in the temperate climates where we have a malarial condition present, that the latter cause named, does not precede the malarial attack. We will not enter into a prolonged discussion of the presumably established fact that the mosquito is responsible for all malaria, but will only say that in the south-west we see it in various forms during most of the months of the year, and that we believe that there must be other ways of transmitting the malarial miasm than by the bite of the anopheles, or that the miasm has the power to continue its existence in the blood for a very indefinite length of time or both.

Of the various *forms* the intermittent type is more common and probably the average physician has frequent cases of it, in either its quotidian, tertian, or quartan type, or some combination, or modification, of them. But probably few if any physicians have malaria to deal with that do not occasionally meet with the type that we recognize as *continued malarial* fever or the *aestivo autumnal* fever, so classified in medical literature, and it is to this type that we shall devote most of our attention in this paper. Having spent most of the years of our active practice in Kansas and Oklahoma, and having had considerable to do with this type of fever, we feel that we have learned some points in connection with this fever that may be of value to our fellow practitioners. As to the symptoms that present, we usually get a history of prodromal symptoms such as we find preceding any of the continued types of fevers, general malaise, loss of appetite, headache, backache, and general indisposition, also usually attended with constipation and coated tongue. Sometimes we have a very marked chill followed by high fever, which after a few hours, declines, but instead of returning to the normal, remains at from 99 1-2° to 101° until the following forenoon, when it again starts upward and we find our afternoon temperature to range from 102° to 105° Fahrenheit with a natural tendency to decline during the later evening or early morning hours, to go through the same course each succeeding twenty-four hours. Usually the appetite remains impaired, the tongue coated and the bowels constipated, and while the patient may complain more or less of headache, back-

ache and dizziness on rising, I have frequently seen cases where no complaint of pain or uneasiness was made, but the patient complained merely of weakness and dizziness.

The *diagnosis* of the above class of cases, to those who have not had them to deal with, is very liable to be confused with typhoid fever and some writers insist that all of this class of fevers are typhoid, but I am convinced that they are purely malarial in character and are not to be classed with typhoid nor with the so-called typho malarial.

The *differential diagnosis* is somewhat difficult in the early stages of the fever, and in fact we can quite truthfully say that during the first few days of the fever it is almost impossible to decide whether your fever will be malarial, or will develop a typhoid condition, and I have no doubt many practitioners have built up a reputation for the aborting or curing of typhoid fever in this class of cases, where, if left unmedicated, they would never have developed any typhoid symptoms. Usually we find the tongue coated a yellowish pasty coat, occasionally a dirty-white pasty coat, with the heavy yellowish coat at the base, but the one characteristic diagnostic symptom that we desire to call especial attention to is that we have every indication of a torpid liver and sluggish portal circulation, attended almost invariably by constipation.

The *prognosis* in these cases is always favorable if uncomplicated and given proper sanitary and hygienic surroundings, and there is in my opinion greater danger from over medication in this class of cases than of the reverse.

Duration.—These fevers if unchecked by appropriate medication, usually run 21 to 28 days and terminate without special sequalæ except jaundice and enlargement of the liver, which may continue for a long time and even become chronic.

Treatment.—When called to see a case which we recognize as probably malarial, we at once direct our treatment toward breaking the fever or preventing it from running its characteristic course and to that end we usually give a cholagogue cathartic to stimulate the torpid liver, giving in addition the indicated remedy or remedies. To the child we usually give the rhei et potassa comp., or neutralizing cordial, in teaspoonful doses every two hours, to which we add 1-2 drop doses of tr. podophyllum, giving until bowels move freely, when we discontinue. If the fever declines to 100° or lower, with

condition of general relaxation, moist skin, moist tongue, etc., we direct that the patient have two grains quinine sulphate every hour for four or five doses, and if fever continues low, we continue the quinine sulphate every two hours for twenty-four or forty-eight hours, or until we are sure the attack is broken up, when we continue the quinine every three or four hours, for several days, for its anti-malarial and tonic effect, to prevent a recurrence.

In addition to the above and on the discontinuance of the rhei et pot. co. solution, to one-half glass of water, we add from five to ten drops of the tincture of podophyllum with any other indicated remedies, and direct that it be given every two hours in order to keep up its effect on the liver, graduating the dosage according to effect and giving all the patient can stand without persistent nausea.

In the treatment of these fevers, as in all others, it is, of course, essential to have the patient in a clean, cool, quiet, comfortable and well-ventilated room on a good, comfortable bed, preferably a cotton mattress, and to see that he has pure drinking water, proper nursing, and frequent sponge baths, if he has not a bath tub accessible. Bearing in mind that in this, as in all other continued fevers, cleanliness is better than godliness, and that good pure water inside and out and no medication is preferable to any medication with neglect in this matter.

The diet should be light and easily assimilated, and I give the preference to an absolutely liquid diet, milk being preferable, though as the patient tires of it, good beef tea in turn with vegetable soups made with milk will answer all purposes.

If after the second day, the fever comes up as high as 102 or 103, we absolutely discontinue all quinine and give the tr. podophyllin to the limit of toleration with whatever indicated sedative for the fever and antiseptic or alterative we find indicated. I think more often the indications are for podophyllin, gelsemium and echinacea, and a favorite prescription of mine in these fevers with children is:

R Podophyllum .....gtt. vi to viii
Gelsemium ..... gtt. xv
Echinacea .....dr. ss.
Aqua, q. s. ad .....oz. iv
M. Sig. Teaspoonful every hour when awake.

However, in this as in all other diseases, there is no specific for the disease and we cannot follow any stereotyped line of treatment,

but should be guided by indications for remedies we use. I wish to emphasize the statement that in this fever you will find the indications for podophyllin almost invariably throughout the entire disease, and in my judgment if you follow its administration throughout the entire course of the disease, you will have quicker recoveries, fewer complications and sequalæ than if any other line of treatment is pursued, and my experience is that cases that would run 21 to 28 days on any other line of treatment, will terminate, if this treatment is pursued, in from 9 to 14 days.

Incidentally, I might add that while our Regular brethren laud quinine as a specific for malaria, I have never found it so, except when marked by periodicity with indications as given above, and believe if given indiscriminately without regard to its indications in this or any other fever, it is productive of more harm than all the benefits derived from its use.

EMPYEMA.

H. HUGH HELBING, M. D., ST. LOUIS, MISSOURI.

I was called March 28, to see a boy aged six years. Examination revealed a temperature of 103.5, pulse 120, respiration 35. He was taken ill two days previously, complaining of pain in the left side. Physical examination revealed bronchial breathing feeble, dullness over entire lung, apex beat displaced to the right about one-half inch and diminished movement on that side. I diagnosed the case pleural effusion and prescribed sp. aconite, ten drops; sp. bryonia, five drops; aqua, four ounces; and gave a teaspoonful every hour. Libradol was applied to the chest. March 30 the temperature was 101 degrees, pulse 96, respiration 25. April 1, temperature 100, pulse 108, respiration 20. April 3, temperature 99.6, pulse 120, respiration 28. April 5, temperature 99.4, pulse 108, respiration 25.

I noticed that while the temperature remained low, the pulse and respiration were high, and I began to think the pleural contents were not going to absorb. In connection with the other treatment I placed the patient on calcium sulphide, thinking it might be pus. On April 10 the temperature went up to 102, pulse 130, respiration 40. I noticed the intercostal spaces were beginning to bulge, and the apex of the heart being pushed farther to the right, so I decided that thoracentesis was necessary.

This was done April 11 and about 30 ounces of pus obtained. Pus being present, I concluded that an intercostal incision, and the introduction of a tube, was necessary, but thought a postponement for a day or two would allow the patient to recuperate a little and better withstand the ordeal. April 12 the temperature was 100, pulse 120, respiration 40. April 13, temperature 101, pulse 130, respiration 45.

Assisted by Dr. Hulick of East St. Louis, we operated April 14, making an incision in the mid-axillary line between the sixth and seventh ribs. About sixty ounces of pus was evacuated without any marked collapse of the patient. April 15, the temperature dropped to normal but the pulse remained at 130 and respiration 40. The dressings over the wound were saturated with pus daily for about a month, during which period I kept the patient on tonics and sulphide of calcium. About May 14, the discharge checked and on May 30, the tube was removed. The patient began to sit up in two weeks after the operation and in a month was walking about. There is not a great amount of deformity and he is instructed to exercise and breathe in a manner that will overcome what little there is.

Only one case of empyema came under my observation that recovered spontaneously after the pus had ruptured into the bronchial tubes and was coughed up, though the patient was an invalid for many months. One other patient succumbed during a thoracotomy; his demise being due to too long delay before operation was permitted. It is always wise to operate as soon as the diagnosis is clear, and even if not clear, the use of a needle will reveal the nature of the contents of the pleural cavity. Strict asepsis is absolutely necessary so as to avoid infection and prevent an empyema that might not otherwise occur. Washing out the pleural cavity is not advisable unless the discharge acquires a very foul odor.

Instances are on record where the pus has discharged through the diaphragm into the peritoneal cavity. One case coming under my observation discharged above the right nipple and superclavicular region. They sometimes rupture in the lumbar region or simulate a psoas abscess, discharging in the thigh. The prognosis is favorable if operative interference is instituted early and if the patient is over two years of age. Spontaneous recovery seldom occurs.

CUBAN OR TROPICAL ITCH.

R. E. HOLMES, M. D., HARRISBURG, PENNSYLVANIA.

Since the Spanish-American war there has been an acute infectious exanthemata, which has traversed the United States and caused a good deal of confusion in the medical profession. Indeed, it mostly is diagnosed as variola or varioloid and sometimes as varicella. My conclusions are that it has no connection with either of these diseases.

During the winter of 1904-1905 our city has been infected with this disease and it has been quarantined as smallpox. We have had close to 300 cases of this disease in Harrisburg and vicinity, and undoubtedly many more cases that the doctors and authorities did not learn of, which saved their being quarantined. The disease was mostly so mild it required no treatment, and over half of the patients that were quarantined would not have gone to bed at all if they had not been requested to do so. Many would have no chill and scarcely any fever. It is very characteristic of the disease for men to have it in the most severe form. I will give you the history of one of the severe cases and one of the mild:

October 17, 1904, I was called to see Mr. C., aged about 35 years. Found him with a temperature of 103.5, pulse 102, suffering with pain in the back and head, some nausea, and constipation. Gave him antipyretic and a cathartic, also gelsemium and macrotys, and when I called on October 18, I found the temperature 99, pulse 80, pains gone, bowels moved nicely and feeling good; wanted to get up.

October 19, temperature normal, pulse 76, and he was up feeling good with the exception of being a little weak. October 21, I was called again, stating that my patient had some kind of a "breaking out" on him. I found different shapes and all sizes, from a split pea down to a mustard seed, of vesicles on a macular base all over his body, about a dozen on his face, some in the hair, a couple on the palms of the hands, not so many on the arms and legs, but quite a number on the back.

I watched this eruption for three days and we had different crops of these vesicles filled with a substance of about the consistency and color of whey. They would not rupture or pustulate unless he would irritate them by scratching, and if punctured they would col-

lapse. I was not at any time able to find any perceptible papules or any umbilicated vesicles.

Case No. 2. October 21 I was called to see Ethel G., about four years of age. Found her playing in the room, with temperature and pulse normal and with about one-half dozen irregular vesicles on a slightly red base. The macula was not so distinct as in the former case. I diagnosed this case chicken-pox, but concluded to watch it for a couple of days as there were two or three houses in the same block on this street quarantined for smallpox. When I reported the case to the Board of Health, they asked if I was sure of my diagnosis. I told them I was, but if they wished they could send Dr. Jauss (our smallpox doctor) out to see it. He pronounced it varioloid.

Drs. Ewing, Gamble and myself met Drs. Hartman and Jauss the next morning. Drs. Hartman and Jauss pronounced it a mild case of varioloid; Dr. Gamble, Cuban itch; Dr. Ewing and I, chicken-pox. As Dr. Gamble said he had orders from the State Board of Health to quarantine Cuban itch as smallpox, I concluded to call it varioloid to save trouble. However, I was satisfied it was not varioloid.

I knew case No. 1 was not varicella, as adults contracted it as readily as children, and it caused more intense itching than chicken-pox. In the family of case No. 1, his wife had not been vaccinated for about sixteen years. She had a few of these vesicles over her body, which did not annoy her enough to call a doctor and they dried up without pustulating or pitting. Their little daughter, seven years old, had been vaccinated a few weeks before. She had a slight fever one day which was followed by an eruption like her mother's, which was drying when I called to see her father, who was vaccinated about four years before. Therefore I concluded that vaccination had no effect on this disease.

I had another family of father, mother and child, that had this tropical itch, the history of which would almost be a duplicate of the family just given.

The conclusion I have come to, after getting all the information I could, is, that it is a contagious, eruptive, exanthematous disease that comes between variola and varioloid, and has a specific ptomaine of its own, just as rubella is between measles and scarlatina. Rubella was described very nicely as far back as 1752, by Dr. De Bergen,

in Germany, as roseola. Many writers wrote about this disease under many different titles afterwards, but there was no uniformity of opinions until 1845 and 1853, when Drs. Homans and Cotting gave the specific nature of the disease, and then it was given a place in the exanthemata.

We have some Biblical writings we think refer to smallpox and chickenpox, but have no definite description given until 1250-1275 by Michael, Scott and Gilbert. From that time up to the present we have had a great amount of contention in the medical fraternity on the diagnosis of this medium exanthemata between variola and varicella. Some writers go so far as to call chickenpox a bastard smallpox. Corlett calls this disease, where we have the vesicle following the macular eruption and having no pustulation, variola crystalla.

When Mr. C. and several other cases I reported returned from the Sanitary Hospital, they had superficial blue marks which disappeared in a few weeks, and they were not pitted.

The year after the Spanish-American war, the counties of Erie, Lycoming, Cambria and some others that I do not remember, were infected by this disease, brought here by our soldiers returning from the war. In some places they quarantined it as smallpox and in others paid no attention to it. The inhabitants of French Creek Valley, near Erie, nearly all contracted this Cuban itch after their young men returned from the Spanish-American war. They paid little attention to it and all got well. Some were marked by being indiscreet and scratching the vesicles.

There is no doubt that the disease is infectious and should be quarantined, but not as smallpox. We have had several recurring cases in our city that would be taken back to the hospital inside of a week.

As a prophylactic, sulphide of calcium and echinacea are safer than vaccination. Many of the cases do not need treatment. For those that need it, sulphide of calcium and asclepias, echinacea and the indicated remedies will be all that is required. For the itching, use carbolated oil or carbolated petroleum compound.

CHRONIC BRIGHT'S DISEASE.

G. ADOLPHUS, M. D., ATLANTA, GEORGIA.

In our section of the country, Bright's disease has become very common. Not being able to trace it to any constitutional or hereditary trouble, or to scarlet fever, or to exposure to cold, I have made up my mind that some of the causes are as follows: (1) la grippe; (2) coca cola, the great common beverage, and almost any other soda fountain drink; (3) any drinking water that is filtered and cleared with the aluminum process, which I believe is detrimental to the kidneys. There are many other causes for the disease, and especially scarlet fever, perhaps the most frequent cause in the young.

Tyson, in his work on Bright's disease and diabetes, say that one cause is malaria, but other eminent writers say the disease is seldom seen in malarial districts, while pregnancy is one of the greatest causes in women. I am induced to believe that the disease is more common in men than in women.

The disease is one that is very hard to diagnose clearly and one that requires a great deal of thought and study.

While we often find albumen in the urine, this does not indicate Bright's disease or any organic disease of the kidney. The microscope is the only exact factor in making a complete diagnosis of this dreaded disease. A patient may have chronic Bright's disease for years and never suspect that there is any organic kidney trouble, for there is seldom any pain attached to the disease, unless a uremic condition sets up, in which case we may have convulsions which are sometimes hard to distinguish from those of acute meningitis.

There may or may not be dropsy in a typical case, or it may exist to an extent in the whole lower extremities, passing away at night to reappear again during the day. The scrotum may contain fluid, or this symptom may be entirely absent. When it is present, there is no symptom that gives the patient so much inconvenience as this. The thighs and legs may be twice their normal size, and so heavy that it seems almost impossible for the patient to move them. They are often excoriated and moist with exuding serum, the result of spontaneous rupture of the skin, the discharge being so abundant as to saturate the bed clothing. Anemia is nearly always present

and that translucent, waxy, shining appearance of the skin is often alone sufficient to confirm the diagnosis.

Among the other symptoms there is loss of flesh, dizziness, especially when stooping, dark spots or stars appearing before the eyes. These we have in other forms of kidney affection, but not so pronounced as in parenchymatous nephritis. There is generally impaired vision, especially so in the evening and night, but usually better in the morning after a good night's sleep. There is generally an itching of the nose, which annoys the patient to a considerable extent at times.

The appetite is usually good, with poor digestion and assimilation. While in the early stages of the disease there may be no sign of any nervous symptoms, a condition of nervous irritability becomes very conspicuous later. In some cases all the special senses are impaired to some extent, except hearing. I find taste, smelling, seeing, impaired to a degree marked more in some than in others, according to the severity of the disease and its duration.

The condition of the urine varies with the character of the disease. It may range from ten to forty ounces per day in quantity, and its specific gravity may range from 1008 to 1035. Its color depends upon the quantity passed. In parenchymatous nephritis it is highly colored and the quantity is not large. On standing, there is more or less sediment. The quantity of urine increases as the patient improves, so that it may even exceed the amount passed in health.

Albumen, commonly large in quantity, varies according to the amount of urine passed. The amount of albumen lost in the urine sometimes is very large. It has been stated by some of the most eminent writers that the percentage proportion of albumen in the urine has exceeded that in the serum of the blood from the same patient. Bartels accurately determined the twenty-four hours' quantity in several patients under his care, and found in one instance an average of 17.36 grams—267.85 grains—daily for a month before the patient died. In another case 15.2 grams—236.76 grains—daily for two months, and in the third, as follows: 10.04 grams—155 grains—for six months, the last patient losing about 6.804 grams or about 18 pounds troy in about twenty-seven months.

From this may be appreciated the enormous drain on the system from the vast amount of albumen lost in so short a time.

The amount of albumen in the urine has very little or no effect

on the specific gravity of the urine. Generally the lighter urines are the ones that contain the most albumen, for highly albuminous urine has a small per cent of urea, as urea is not properly eliminated from the body. In the sediment there are various granular casts, among which the dark granular casts are conspicuous by their number and size, and especially their width. We also find oil casts and fragments of epithelial cells which are granular and fatty, also yellow, waxy casts, which are generally larger in diameter, and of great value in making out a diagnosis of chronic parenchymatous nephritis. As the disease progresses the number of casts increase, being at first less numerous. We also find disintegrated epithelial cells in abundance at times with free fatty cells and granular fat cells. White blood corpuscles are generally found in this condition to a greater extent than the red blood corpuscles.

The normal constituents of the urine are diminished in quantity, urea, the greatest of all the solids, causing a decline in the specific gravity. Estimation of urea must always be made with reference to the amount of proteid food ingested.

The above statements with regard to the urine are not without exception. At the height of the disease, when the smallest quantity of urine is secreted, the specific gravity may be above normal. The proportion of albumen may rise as the specific gravity rises, diminishing as the specific gravity falls; furthermore, tube casts are by no means as distinctive or as numerous. They may be reduced by a treatment which increases the quantity of urine.

Uremic conditions hardly ever appear before the stage of contraction is reached, notwithstanding the small amount of urea secreted in this affection. While the appetite and digestion is poor and less food is taken and the source of urea is cut down, the nitrogenous tissue is wasted and tissue change is less active, so that urea from these sources is less pronounced. Some of it may be stored in the serous cavities, which shares in the dropsy.

As the disease progresses, providing our patient lives, and we have not been able to stop or abort the disease, we ask ourselves, When do we reach the stage of contraction, or are there any symptoms from which we may infer that the stage of contraction has been reached. There is but one condition that we may depend upon, and that is hypertrophy of the left ventricle of the heart. It is very seldom that this ever occurs before the stage of contraction, except in

children. Uremia is more common in the stage of contraction than during enlargement, therefore we should be ready to combat it at any time.

Diagnosis of well-marked cases is readily made. The diminished urine with low specific gravity, the very large per cent of albumen, waxy casts of large diameter, the dark granular casts, fatty casts, and free fatty casts, especially if we are able to trace a history of long duration of this condition. If there is a history of scarlet fever or long exposure to cold or chronic infectious disease, there can hardly be a mistake made.

The symptoms of lardaceous or amyloid kidney resemble those of the large white kidney and the same cause may produce both. At times, it is almost impossible to tell which form of the disease is present. Enlarged liver and spleen with persistent diarrhea which seems to be uncontrollable, assist in the diagnosis of lardaceous disease. As a rule, the dropsy is not so well marked in this form, casts are not so numerous, and generally the hyaline casts prevail. Though sometimes oily casts are found, they are not present to so great an extent as in the other form of the disease. Prognosis is generally unfavorable, unless diagnosis be made out early in the case. Many cases linger along for many years, and a few recover at last. In some cases the patient seems to have a new lease on life, but generally the above symptoms reappear and the patient dies of uremia, or exhaustion, or some one of the various complications, or perhaps the scene is ended by œdema of the lungs or of the glottis, which makes the pangs of death more unbearable.

In parenchymatous nephritis the diet should be light and nourishing. Foods that are easily digested and assimilated should be taken, the patient living chiefly on vegetables, as all animal food contains too much nitrogen. Patients suffering from this malady can eat salt bacon and fat ham sparingly. Fresh meats are more digestible, and more quickly assimilated than cured meats. I have noticed that where the patient's appetite is good, and he has been eating a great deal of meat, uremia is more often severe and fatal, while on the other hand it is a recognized fact that when the appetite has been poor and very little meat has been taken, uremia is an uncommon occurrence. Milk can be used instead of meat with more gratifying results, and especially fresh buttermilk. Dr. Tyson says, "Put your patients on sweet milk, from three to four quarts

a day." He claims this to be sufficient for an adult, taken every two or three hours.

There is the objection to milk diet that it constipates the patient, thus bringing on other troubles. Buttermilk is superior to sweet milk in most of these affections, and the lactic acid helps to keep the bowels in a soluble condition, and usually is very agreeable to the taste and is more easily assimilated. It is a fact that with patients who are fed on buttermilk the urine is increased and the amount of albumen is diminished, as is the dropsy. With the increase in the amount of urine, a general improvement and amelioration of symptoms follows. I find the following comes nearer meeting the demand for all cases which demand a meat diet. First, soup, vegetable or chicken soup; fish boiled, or broiled; raw oysters, nothing fried. For vegetables, cabbage, lettuce, celery, spinach, mashed potatoes, onions, cauliflower and mushrooms. This line of vegetables will give the patient a change every day or two. All people, either sick or well, like little desserts, and especially those who are suffering from a malady of this character—and a light dessert like the following is easily digested and generally satisfies the patients: rice and milk puddings, stewed fruits, and nice, ripe raw fruit, and especially ripe peaches.

Drinks, pure water, mineral water, the best of which that I have tried is Daniels mineral water, which comes from Union Point, Ga. This water can not be surpassed in this section of the country. Fresh milk, Horlick's malted milk, and whey, made fresh by heating fresh cow's milk and adding the essence of pepsin. This, with the above diet, and proper instructions as to how, and when, to eat, is about all that is necessary in feeding patients of this character.

It is a recognized fact in the treatment of these cases that the vital forces must be increased in all patients by the free use of tonics, thus improving the quality of the blood, and through that, the nutrition of the kidneys, and thus combating the symptoms and complications which constitute the danger to our patient. In this consideration, our attention is called to the œdema of the different parts of the body, and especially of the abdomen and the small quantity of urine that is being passed daily; also to the vast amount of albumen, and the loss of flesh and strength of our patient. The bowels should be kept open by the free use of epsom salts. This will relieve the kidneys of a vast amount of work, and when the bowels are kept

open by an agent of this kind, the amount of albumen seems to be less. In addition to this apocynum in doses of from five to ten drops every two or three hours will be found of great benefit. Apis, sometimes, has a specific effect on this disease in three to five-drop doses every two hours.

Our attention is called to the irregular heart action and that smothering, tight feeling, which so often accompanies this disease. In this we find digitalis and cratægus specific almost, with the tincture of strophanthus. Nitroglycerin in one 1-150 gr. every two hours, will give results not only as a heart stimulant, but in its action on the nervous system, and will prevent a rush of blood to the brain, so often complained of. The infusion of digitalis will act as a diuretic and may be associated with such remedies as eupatorium pur. and triticum, both of which will increase the flow of urine, and are soothing diuretics. Methylene blue has been recommended by some authors, but on account of its harshness, it is not much used. I have used it several times with good results per rectum, in three to five-grain doses every three hours, in a half pint of hot water. It is quickly taken up and admirably borne by the most delicate people.

I have found pilocarpine a very efficient remedy in cases of uremia; given in 1-10 gr. doses every two or three hours. Administered hypodermically it seems to eliminate urea, especially if given often enough to produce profuse sweating, and is assisted by a complete evacuation of the bowels.

Iodide of potassium has some reputation in some cases, and more so if the patient happens to be a syphilitic, given in small doses from five to eight grains three times a day. It should be given in milk and well diluted. I notice that the drug is recommended very highly by some of the best German and French physicians.

Ergot has been recommended by some of our physicians, but so far as I have been able to find, it is of little or no use. I have used santal wood oil at times and thought that the amount of albumen was less during its administration. It is better given in capsules of from five to ten drops every three hours. In connnection with the milk diet, it also relieves the catarrhal condition which so often accompanies Bright's disease.

Patients who suffer from this malady are more or less nervous and it is very necessary that this should be closely watched, and this

condition must be improved as much as possible, for the inconvenience and suffering of this disease is almost more than one can bear.

It is the physician's duty to make the patient as comfortable as possible at all times, and to accomplish this I find nothing better than the following: Specific hyoscyamus, one dram; tincture passiflora (Daniel's), two ounces; specific cypripedium, one-half ounce; specific apis, one dram; syrup of tolu sufficient to make three ounces. Sig. A teaspoonful every two or three hours as needed.

Warm baths and hot air baths seem to have some effect at times in keeping the pores of the skin open. Occasionally the hot air bath is not well borne by patients; they do not perspire, the face becomes flushed, and the head throbs and aches. This is relieved by tying a wet towel about the head, as is done in the Turkish bath.

Iron, quinine, and strychnine, should be used as tonics, also Basham's mixture, which is composed of the following: Tincture ferri chlorid, two drams; acetic acid, two drams; liquor ammonia acetat, three drams; syrup of tolu to make four ounces. A tablespoonful four times a day. Pepsin and bismuth should be given after meals to aid digestion. A very good preparation is Mulford's liquor diastase in proper doses after meals. Nux vomica can be added to suit the condition.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

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Epidemic cerebro-spinal meningitis is a modern disease—essentially of the nineteenth century. At any rate, its recognition does not go back of that period. It barely escaped being an American disease, (for the first epidemic in this country appeared in Massachusetts, in the town of Medfield, with very fatal results, in 1806,) were it not a historical fact that it originated in the western part of Switzerland, notably at Geneva, in 1805. Singularly that country has been free from epidemics of it from that date until 1902. Cerebro-spinal meningitis frequently occurs in the sporadic form. The epidemic variety which has during the spring months of this year startled the American public, is a comparatively mild epidemic, so fas as extent is concerned, but fatal in its ravages. It is sufficiently extensive, however, to warrant physicians to be on guard for it, and to show the necessity of renewed study and investigation of this scourge.

Epidemic cerebro-spinal meningitis is an acute, infectious disease of sudden onset, more or less rapid course, and extremely fatal character. Pathologically, it is an inflammation of the meninges of the brain and cord of a peculiarly distinct type. Its favorite victims are those of early youth, up to ten years of age, but frequently it attacks young adults, particularly young men. While it has not heretofore been regarded as contagious, in the strictest sense, there is now sufficient evidence to lead us to regard it as contagious in a limited degree. Many good observers so consider it, and justly so, we believe, but attribute its apparent lack of contagion to the fact that the exciting organism is most largely shut in from contact by the cerebro-spinal enclosure. Notwithstanding this, the organism has been found in the tonsils and other more or less exposed situations. The fact that the disease prevails in small districts, often limited to a few neighboring streets or houses, seems fair ground upon which to base the claim of contagion. It frequently occurs where the surroundings are filthy, yet it has broken out in localities above suspicion of unsanitary care. The recognized cause is the *Micrococcus (diplococcus) intracellularis meningitidis* of Weichselbaum; or, better, perhaps, the *meningococcus* of Weischselbaum and Jaeger. The regularity with which this organism is encountered in the cerebro-spinal fluid withdrawn from the spinal canal by lumbar puncture, justifies this claim. It is believed by many that the infecting coccus enters the system through the nasal passages. The exceedingly fatal character of the disease is recognized by all, and the rapidly fatal cases show decided septic symptoms. The predisposing causes are many, but there is no doubt that refrigeration (for the disease appears particularly in the cold season), injuries to any part of the body, and mental overexertion are prime conditions for the reception of the coccus.

As a rule the symptoms of this disease are quite positive and should be readily recognized, though cases occur involving considerable difficulty. Beginning, as a rule, without prodromes, repeated chills (rarely a single marked chill) usher in the disease. Fever ranging from 102.5 deg. F. up follows and is, at the onset, of the continuous type. Occasionally the temperature closely simulates that of typhoid fever. Brain symptoms quickly supervene, such as vertigo, so severe that the victim can not maintain the erect position; intense headache, confined chiefly to the occipital area, though in some cases involving the whole skull; and mild delirium and stupor.

Convulsions may appear early, or may not at all be present during the attack. So unbearable is the headache that at times the patient will grasp the head with both hands and moan or scream, even though he be in a state of stupor. In this disease consciousness is more or less abolished, mild delirium may be present, or the patient may be apathetic, lying with his eyes closed and taking no notice of anything about him. Often he is exceedingly restless. A very marked symptom is the rigidity of the back of the neck, which, while permitting of lateral and rotatory motion without great discomfort, does not permit of flexion and extension. The head is held rigidly against the pillow, and attempts to lift the head or bend the neck result in causing the most excruciating pain, and the whole trunk is lifted rather than accomplishing a flexion of the neck. Palpation of the neck reveals tonic contraction and hardness of the posterior cervical muscles. This is due to irritation of the anterior cervical nerve roots, and usually extends down the back, producing a greater or less degree of opisthotonos. Marked opisthotonos is, however, not to be expected in the majority of cases. Flexor movements, such as we have described, occasion great pain even though the patient be unconscious or comatose, and similar pain may be elicited by slight pressure upon the head or back or by merely tapping upon the skull. Indeed, so great is the hyperesthesia that pressure ever so slight upon the skin or muscles is liable to elicit expressions of pain and a marked contraction of the whole body. Add to these symptoms the dry and cracked lips, often with sordes, the reddened face, the usually unequal and dilated pupils, the injected or chemosed conjunctiva, the comparatively slow pulse (great rapidity when near death), the characteristic herpetic eruption, the increased respiration with frequent bronchitic involvement, retracted abdomen, vaso-motor irritability (the skin reddening and remaining so for a long period after stroking or palpating), the usually free voiding of good quantities of pale straw-colored urine, and the frequent occurrence of petechial or purpuric spots, which do not appear in all cases and with no regularity as to time, and we have a fairly good picture of a typical case. From the last named symptom which varies greatly in different epidemics, being abundant or scanty in some and wholly absent in others, arose the name Spotted, or Petechial Fever, the last name also being applied to typhus fever. It is doubtful if in the light of today the name spotted fever would ever become pupular. Kernig's symptom, though not by

any means diagnostic of this disease alone (being present in tubercular meningitis and sinus thrombosis) is found in the majority of cases. This symptom, shown when the patient is propped up in bed, consists in flexure movements of the legs occurring in the hip and knee joints, and also sometimes in the arms.

The clinical diagnosis of typical cases of this disease ought not to be difficult, and a bacteriological finding in the cerebro-spinal fluid withdrawn by lumbar puncture, furnishes, according to present opinions, a positively affirmative diagnosis. Abortive cases may not be easily recognized, and they usually recover within a week. Fulminating cases may die in a few hours. The intermittent cases may present some obstacles and are apt to develop typhoid characteristics. Ordinary cases last from one to three weeks, most deaths occurring within a week. The physician must be extremely guarded in his prognosis. When there is marked evidence of cerebral pressure, particularly deep coma, paralysis, general infection, galloping pulse, and relaxation or disappearance of the stiffness of the neck, while other severe symptoms prevail the case is most likely to prove fatal. At all times it should be regarded as an extremely dangerous disease, the mortality having ranged from 20 to 85 per cent in different epidemics, and every effort should be made by physicians to aid reasonable efforts on part of health officers to eradicate this scourge.

Dr. Fackler (*Cincinnati Lancet Clinic*) in presenting clinical reports of 8 out of 37 cases occurring this year in Cincinnati, says: "A careful review of these clinical histories must surely impress all with the necessity of modifying the general conception of the symptomatology of the disease. The almost uniform record of good previous history, sudden onset, Kernig's sign, increased leucocytosis, rectobulbar neuritis, dilated, usually unequal pupils, cephalalgia and rigid nuchæ, fixes these as the signs to be sought for in the majority of cases. The lack of digestive disturbances, of convulsions, and extreme opisthotonos, of articular symptoms, and eruptions in many or all cases, justifies us in characterizing these as inconstant, and hence, less important manifestations of cerebro-spinal meningitis."

The treatment of this disease has been notoriously ineffectual. So far as we can observe, while no form of treatment has yielded brilliant results, none offers better possibilities than that of specific medication. Our treatment must be gathered from that of the few,

for it must be remembered that few physicians comparatively are fortunate, or better, perhaps, unfortunate enough to meet with the disease in its epidemic form. The best that can be done is to weigh dispassionately the evidence offered by those whose experience in its treatment entitles them to the right of expression.

All physicians of all schools agree upon enforcing the best possible hygienic conditions, in absolute quiet, and a well-ventilated, darkened room, for photophobia is a marked feature of most cases. Isolation should be insisted on, for the possible contagiousness is too much to risk in such a fearful scourge. It is better to err on the side of caution than expose a single individual. The patient should be disturbed as little as possible, and where practicable should lie on his side or abdomen so that when necessary to apply applications it may be done without unnecessary suffering. A light and nutritious diet of milk, malted milk, or animal broths should be given to sustain the strength, for it must be remembered that this disease is rapidly exhausting, and everything that is done must be such as will conserve the strength of the sufferer. Among the resources of regular physicians we gather the following: When the headache is prominent the ice-bag to the neck and spine is said to give relief. When the headache is very severe and the symptoms of pressure great, lumbar puncture with the withdrawal of a quantity of cerebrospinal fluid is reported to give relief, but to have no curative influence. Quite recently the substitution of normal saline solution or of a lysolated salt solution has been advised to replace the fluid so withdrawn and to act as an antiseptic. One can hardly accept this as good treatment, for there is still sufficient fluid to maintain the undesirable pressure, which is responsible for the headache. The use of the diphtheria antitoxin, as advised and followed by some, on insufficient grounds, fails to meet with anything like a favorable reception. Indeed its utility is regarded as extremely problematical. When convulsions threaten to exhaust the patient the bromides and chloral, one or both, have been suggested; but as Hare, who advises them, points out, it is unwise to employ them where the nervous symptoms are not severe or where there are merely moderate nervous twitchings, on account of the burden put upon the stomach. Beside, they in no way influence the progress of the disease. Quinine, as suggested by some, sometimes renders feeble service, but when pushed tends to increase aural and meningeal congestion. The early use of liberal doses of iodide of potassium has been resorted

to in the south with some degree of success in previous epidemics. As a rule, coal-tar products are not favored, though phenacetine, antipyrine, and lactophenin have been successfully used to control pain, as has also sodium salicylate. Both pilocarpine and ergotin seem to possess a little virtue, a fair degree of success having been reported from their use. Calomel has been highly endorsed by many, but sufficiently trustworthy reports are not forthcoming to substantiate its reputed virtues in this disease. Hot baths have been found to give comfort and to contribute toward curative results. Opium and morphine are the sheet-anchors for the control of the pain, large doses usually belng administered by the physicians of the regular school.

The earlier treatment in the Eclectic school consisted in the use of hot saline or alkaline baths, hot packs to induce free diaphoresis, the unloading of the stomach and bowels of offending material—using freely the emetic and the purge. Antispasmodics and febrifuges—particularly tinctures of castor and gelsemium—were employed, and apocynum was administrated for its effect upon the effusion. The results were as good if not better than some of the more modern measures. The hot bath, the corn sweat, and hot pack have always seemed to have given as good results as any of the early forms of treatment.

The later day Eclectic has treated the disease specifically. While cathartics have been avoided, yet the bowels are not allowed to become inactive. The catheter is employed when necessary to prevent urinal retention. The loaded foul tongue has been met with the emetic of lobelia. While some advocate the special sedatives, as did Scudder, and at the present day, Mundy; others like Webster, believe that there is little use for them in this special form of fever. Among the remedies that have been reported to have given the best results, echinacea and gelsemium stand out prominently, while physostigma has been accredited with many cures. Webster believes echinacea the best remedy yet found for this affection. Apis and apocynum theoretically offer possibilities of good results, and the latter was advised by Dr. Morrow. Bromides may be needed to control the convulsions, and rhus to allay nervous excitability. As a renal depurant potassium acetate has found favor. Jaborandi or gelsemium may be required to allay the fever, but this usually is not high. Ergot has favorably influenced the disease during the later, or exudative, stage. Hydrochloric acid, baptisia, and sodium sul-

phite all possess active antiseptic properties and may serve a useful purpose. The indications for these remedies, with some others, should be followed. These are here briefly summaried:

Lobelia.—The full dirty tongue, especially loaded at the base; nausea and accumulation of undigested food.

Gelsemium.—Great restlessness, flushed face, throbbing carotids, and tendency to convulsions. The eyes are bright, the temperature elevated, and evidences of determination of blood to the brain is strong.

Belladonna.—Dullness and hebetude, tissues sodden, and patient sleeps with eyes half opened, pupils dilated and tendency to congestion pronounced.

Apocynum.—Atonic heart action and edema.

Apis.—Puffed appearance, smarting pain, and tendency to retention of urine.

Aconite.—Small rapid pulse and marked fever.

Veratrum.—Full bounding pulse, full capillaries, and engorged tissues.

Ergot.—Fullness of cerebral circulation, great headache, marked restlessness, and flushed face. Best during the stage of exudation.

Jaborandi.—Hot, dry skin; full, strong pulse; inactive renal functions; uneasy and restless patient, with tendency to convulsions.

Potassium Bromide.—To control nervous excitation in full-blooded individuals and to check convulsive twitchings.

Rhus.—Frontal pain, great nervousness, excited pulse, prominent strawberry tongue.

Physostigma.—Contracted pupils, cool surface and limbs; small weak, and tremulous pulse; mental dullness.

Baptisia.—Blueish appearance of flesh, as if frozen; moist, pasty, purplish tongue, and offensive breath.

Sodium Sulphite.—Broad, pallid tongue with offensive sweetish or mawkish coating.

Echinacea.—Full, dirty tongue with black or brownish coating; full dark tissues of the throat. Should be used throughout the disease to prevent sepsis.

Hydrochloric Acid.—Deep red mucous membrane, sordes on teeth and lips; slick beefy tongue. Best combined with capsicum.

Quinine Sulphate.—Moist tongue; lack of nervous excitation; and periodicity.

Potassium Chlorate.—Cadaveric odor of breath and secretions.

Opium or Morphine.—Pulse open, soft, and full; skin and tongue moist; and pain unbearable. The diaphoretic powder is a valuable opium preparation to relax the tissues and control pain.

Hot applications, particularly baths, are preferred by Eclectics generally to use of the ice-bags, as the condition is usually one of depression necessitating the avoidance of depressing measures.

THE CONTROL OF TEMPERATURE IN TYPHOID FEVER.

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The control of the temperature in fever is paramount, and to be able to do this, promptly and safely, is regarded by every physician as of vital importance. Of course, the temperature voices the pathological condition and the coming event which casts its shadow before.

The pathological condition, the typhoid germs, the toxines generated, and the systemic poisoning thereby produced, is the cause or basic factor of the fever and increased temperature. The disease is of the remittent type. At first the remissions are of short duration, the high temperature predominating. As the disease progresses, periodicity becomes more marked and remissions longer.

I will now outline the treatment that has given me the best results. First, some good saline is needed to keep the bowels in good condition. Afterwards there is nothing better than the fluid citrate of magnesia occasionally.

To reduce temperature and control fever, if there be arterial tension—full and bounding pulse:

Tr. Verat. Vir., fifteen drops.
Water, four ounces.
M. Sig. A teaspoonful every hour or two.

If face is flushed and eyes red, add to this twenty or thirty drops of tr. gelsemium. In some cases tr. ipecac is a useful addition, as it promotes diaphoresis. On the other hand, if the pulse be weak and rapid and face pale, showing venous congestion:

R Tr. Aconite, fifteen drops.
Tr. Belladonna and Tr. Ipecac, of each seven drops.
Water, four ounces.
M. Sig. Teaspoonful every hour or two.

I mean the specific medicines. Smaller doses than here outlined will be required by some patients.

Proper elimination, not only by the bowels, but also by the skin and kidneys, is of much importance in securing reduction of temperature. Hence, in the early stage, copious sweating should be induced by the administration of jaborandi and the tr. serpentaria comp., or some other agent. In the early years of my practice, a corn sweat as a domestic remedy, was much in vogue, and was certainly of much value in modifying the disease.

In this disease there is always more or less periodicity, therefore antiperiodics are indicated during the remission, and the special sedatives and antipyretics during the fever stage. The fever and high temperature prevails usually in the afternoon and forepart of the night, and the remissions in the early morning and forenoon.

To reduce temperature:

R Phenacetin .....gr. xxx
Salol .....gr. xi
Dover's Powder .....gr. xx

M. Divide in chart No. X.

Sig. Commence before or about the time of the expected rise of temperature and give one every three hours, till the temperature goes markedly down; then suspend the powders and resume the sedative once in two hours, till temperature is normal or nearly so, and the remission on.

Now for the antiperiodics:

R Quinine Sulph .....gr. xxx
Prussiate of Iron (pure) .....gr. xx
Powdered Capsicum .....gr. x

M. Fill fifteen two-grain capsules.

Sig. One at 5, 8 and 11 a. m., or when the remissions occur. In some cases the remissions are not long enough in the early stage to get in more than one or two capsules.

The reader will find one of the best articles I have ever read on this subject in the American Eclectic Practice of Medicine, by Jones & Sherwood. Edition of 1857. During my many years of practice, I have adhered to the doctrine of the late Prof. I. G. Jones, in regard to antiperiodics, as he gives it in that work.

No sedatives should be given during the administration of the antiperiodics, as they are physiologically incompatible.

Remedies to combat the germs and toxines should be given occasionally during the day, but suspended during the night, to allow the patient as much rest as possible.

The best corrector of the bowel condition is the nitro-mur. acid comp. (white liquid physic.—See King's American Dispensatory), in small doses, or enough added to fresh water to make a pleasant drink. Cold or ice-water is always gratefully relished.

Of course, external means can be used to reduce temperature, but are rather of secondary importance. Ablutions of aqua ammonia and alcohol, two tablespoonfuls of each to a pint of tepid or cold water, does well for a sponge bath. If there be excessive sweating, take table salt, two tablespoonfuls, vinegar and alcohol each four tablespoonfuls, water a pint, and use same as the other. Cooling enemas, also turpentine stupes to the bowels, are no doubt, useful to allay irritation, and to that extent help to reduce temperature. Although ice-packs are being used and highly commended by some, I cannot commend them; they are apt to do harm.

Allow me to say: The antiperiodic treatment in typhoid fever, as outlined by the late Prof. I. G. Jones, is the most important matter, and has given me the best satisfaction. I have known some physicians to give quinine continuously, without paying any regard to the remissions, and it is no wonder they "can't get the temperature down."

The expectant treatment—rest and proper nourishment—is good, as far as it goes, but does not seem to me to "fill the bill." There is just as much danger in feeding as in giving medicine. I wish to enter my protest against the employment of sweet milk and egg-nog, so much used in times past, "to keep up the patient's strength." It was an egregious mistake, as the milk could not be digested or assimilated, and the casein kept the bowels irritated. Happily, the use of milk during the fever stage is passing away. It should not be given till convalescence is assured. There are many prepared foods on the market, good and otherwise, that the physician can select that which he deems most suitable for his patient.

THE POISE CENTRE.

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In contrasting the better types of classical statues with the average modern figure, aside from the former's beauty of line and symmetrical development, the most marked difference will be found in the poise of the body. With the popularity of athletics today many fairly well-developed figures are to be found; but the prize athletes

too often carry a look of muscular consciousness that makes the physical development seem an end in itself rather than a means. The statues, however, display an erect poise and length of trunk, while the whole body, though suggesting reserve power, is free from conscious effort and full of easy dignity.

In analyzing these statues,—both the masculine and the feminine types,—the keynote of the combined strength and freedom which make up the remarkable poise of the figures apparently lies in the conscious development and liberation of the lower chest. Within the

included epigastric and hypochondriac regions is found the anatomical latitude of the solar plexus. This ganglion furnishes the subconscious nerve supply for the vegetative functions of nutrition and waste, the normal balance of which makes up physical health and well-being.

The co-ordinating centres for both vegetative processes and for voluntary activities being localized in the cerebro-spinal system, the poise centre of physical expression may naturally be sought in the region of the abdominal brain.

Compared with the modern athlete's figure, the typical statue's well-developed shoulders are not prominently squared up. There is an easy slope from the neck down to the well-rounded but neither drooping nor angular shoulders. The resulting contour suggests that the active area of deep normal respiration was not located in the clavicular region where elevated shoulders and clavicles are suggestive, rather, of labored respiration. The deep, broad, prominent lower chest and epigastrium is evidently the active zone of expansion and contraction. The statue type of respiration is palpably more costal than abdominal, the lower thorax, which contains the largest expansive portion of the lungs, being carried forward, outward and upward. The marked expansion and elevation of the ribs show that in *inspiration* the general action of the costal muscles exceeds the contraction and consequent descent of the diaphragm. The entire thorax and its contents are carried well and easily elevated upon a broad base, not pushed upward by a contracted waist, as in a corseted figure, or rigidly upheld by the added action of accessory respiratory muscles in an over-developed athletic body. The trunk has a long upright look from clavicle to pelvis, with a lateral development indicating great flexibility and freedom, while the firm tonically contracted abdominal muscles present a strong and relatively straight supporting column for the chest. There is an absence of that familiar break in contour at the waist line which depresses the chest and protrudes the abdomen,—an evidence of faulty carriage, by the way, about equally common in the average man and woman. The dominant region of the classical figure is the full, free chest, giving a lightness and easy grace and strength to which the general muscular development is supplementary.

Stewart's Physiology states that when the need for air becomes urgent, costal breathing always becomes prominent alike in men and women and animals, as the elevation of the ribs offers a greater increase in chest capacity than is possible from any contraction of the diaphragm. The classical chest, with its broad, active base, seems to have established a normal increase of respiratory capacity, which would be equal to severe tests without taking on a labored quality of respiration. The whole type of trunk suggests a marked development of heart and lungs, the vital organic gauge of physical endurance. The common cases of stale athletes with damaged hearts show the result of special training which leaves the cardiac muscle relatively undeveloped. The Japanese, with their jiu jitsu

system of training which especially strengthens the chest organs, have demonstrated the superiority of vital resistance over mere muscular development.

The flattening of the abdomen which is found both in the idealistic and in the athletic schools of sculpture is due to the tone and development of the abdominal wall with consequent lack of flabbiness and of fat deposits, and also to the elevation of the ribs with a resulting longitudinal increase of space for abdominal viscera. These organs not only have more room with the elevated chest, but

they are drawn up with the raised diaphragm and upheld by the normal support of strong abdominal muscles.

This upraising of viscera bears favorably upon many pathological conditions. It affords more room at the normal level of prolapsed organs in the cases of enteroptosis, which seem to be increasing in frequency. The solar plexus and cardiac axis are relieved from the abnormal pressure of crowded viscera, and this, with the improved physical attitude, faborably reacts upon the mentality in those cases of neurasthenia which good authorities consider the predis-

posing cause of floating kidney. The general nutrition is benefited by increased respiration and greater freedom of digestive organs. Gynaecological and general patients often complain of a faint feeling at the pit of the stomach, which is slow to yield if the chest is habitually depressed upon the abdominal territory. The elevated chest not only relieves the pelvic organs of the intestinal pressure, but they are in effect raised in common with the abdominal contents. Meantime less downward force is offered by the modified descent of the diaphragm in the costal type of breathing, which is naturally cultivated. The general effect is to favorably influence pelvic congestions and the lack of tone in the pelvic tissues which predispose to and often are alone responsible for displacements. Where the fascia of the pelvic floor is intact the use of selected pelvic tonics with the cultivation of the normal body posture has much to offer cases of pelvic prolapse, without surgery.

That the faulty position with depressed chest and prominent abdomen is more largely a matter of muscular action than due to inflexible limitation and constriction in the build of the figure is demonstrated by the usual attitude of patients upon the operating table. It is worthy of note that under ether the patient generally lies in a relatively correct position, usually a much better one than is present when awake or, as is customary, when the ordinary waking attitude is retained in sleep. Here the anaesthesia relaxes the chronic contraction of certain sets of muscles with the result that the modified but equalized muscular action gives the trunk a more natural position.

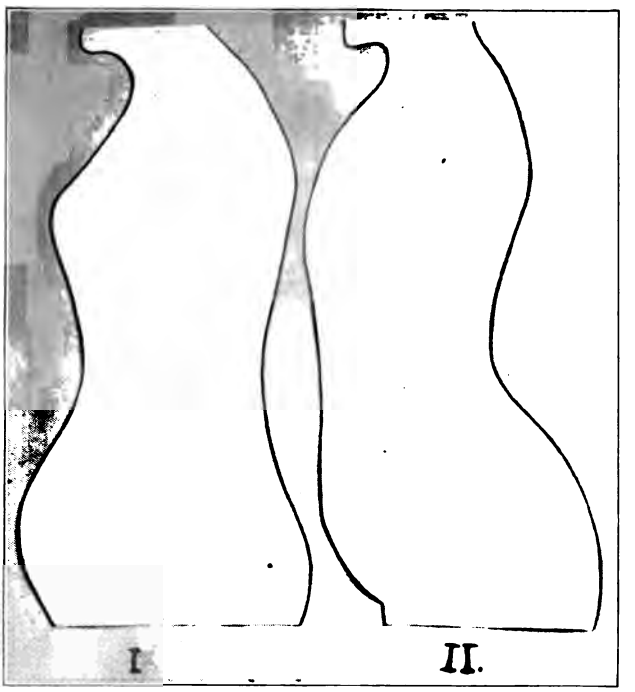
To show how much improvement in the position may often be readily attained, the following outlines of a case are presented:—

This woman was over 45 years of age and had always worn a tight corset. The shadowgraphs were taken at her first consultation for means to reduce her prominent abdomen. No. I shows the outlines of the corseted figure in her usual standing position. Without removing the corset she was shown how to poise the body more normally with the result outlined in No. II.

In No. I the protruding chin with lowered chest and flattened buttocks opposing the prominent scapular and abdominal regions are characteristic of the inactive, depressed lower chest and the relaxed, crowded abdomen. No. II shows that in proportion to the normal flattening of the scapular region behind the fullness of a naturally good upper chest is restored in front, and that the corrected lumbar

curve forward, and the sacral curve backward, and the elevated chest, give the desired abdominal line. Meantime the figure as a whole loses much of its set look, and gains in the feeling and appearance of freedom.

This faulty carriage is not alone due to tight clothing, but is often merely a habit of self-imposed limitation frequently found in both sexes. This physical expression of the dominant quality of poise in the individual is both result and cause of mental restrictions which make the mind, like the body, to work at a disadvantage.



These cases nearly always display a timidity, or narrowness, or evasion of well-rounded thinking, which correspond to the constrained, detached and narrowed range of physical movements. Not infrequently this attitude is seen in persons who are educated, courageous and cultured along certain lines, but the lack of symmetrical mental development will be found reflected in the body poise, as the constricted movement will disclose its mental counterpart. The intimate reaction of the mental and physical nature is found where the liberation of one results from freeing of the other.

Simply correcting the unnatural break in contour at the waist line, and freeing the solar plexus area, will put new courage into a patient —a most important aid in many cases.

A straight line should go through the body centre from head to feet. The pelvic region, as the base of the trunk column, should be neither forward nor back of, but under the abdomen, giving it the support which it extends to the chest above. This is the natural position of the subconscious self in the body, with the dominant chest typical of the higher elements of the nature, neither discarding nor exaggerating but subordinating while utilizing the value of the balanced nutritive and creative forces of the body.

The usual military training elevates the chest but flattens the abdomen by thrusting the hips far backward. This exaggeration of the normal sacral curve is inconsistent with the reserve force upon which the desired alertness depends. Like the depressed chest or the constricted waist, this position weakens the strength of the easy vertebral curve at the waist line. It also lessens the power of the co-ordinated movements of the trunk, which stands for strength at the centre as the head and limbs are meant for freedom at the circumference.

The corset makers and fashion journals copy the military stand in presenting models with a pigeon breast, a straight-front corset held down at the centre by hose supporters, the abdomen flat if not concave, and the hips thrust far enough backward to balance the forward position of the breast. These distortions unite to make up a familiar picture of the fashionable Lady Lordosis with the glorified glutii. Now error is only distorted truth, and the military man and the stylish lady are both striving for the ideal human figure with the strength and freedom and easy grace which are equally desirable for both masculine and feminine types.

In correcting the wrong position the first step is to give the patient a definite *feeling* of the attitude to be attained. The simplest way to do this is to direct the patient to stand erect with the heels together and toes turned outward; with the right foot take one medium step diagonally forward; bring the erect body forward so that the entire weight is supported upon the ball of the advanced foot while its heel is raised. The heel of the left foot rises as the body advances over the right foot, and the left toe is dragged somewhat forward as the body is raised upon the right ball. The left toe may remain touching the floor for balance, though a correct

position makes it easy to maintain the balance upon the ball of one foot. Take a deep breath without raising the shoulders or depressing the abdominal viscera, and the lower chest is elevated and expanded, actually lengthening the distance from clavicle to pelvis. At first the patient either fails to relax the customary muscular tension or else is amazed at finding an apparently new joint at the waist. Meantime the head and upper chest are to be raised in an effort to grow taller and the result is a general look and feeling of increased height, strength and flexibility.

If the abdominal muscles are held contracted as the body is advanced, there is either a slanting forward of the whole body line with prominent upper chest, or else the pelvis is protruded while the leg below and the trunk above slant backward. In either case it is difficult to remain balanced: while the position of the body in a straight line over the right ball gives a feeling of flexible strength and easy poise. The keynote of the balanced position lies in a free and active solar plexus zone. The exercise is to be repeated by beginning with the left foot first. After a little practice, by gently

sinking the heels to the floor, the patient is ready to walk off with an elastic step, still carrying the weight upon the balls of the feet. Thus from the first there is given a definite standard to aim at in ordinary attitudes.

It will require time and systematic training for the muscles to easily maintain the normal position, but this one simple exercise will most readily give to the patient a consciousness of the poise centre.

MANNERS AND MORALS IN MEDICINE.

W. H. HALBERT, M. D., NASHVILLE, TENNESSEE.

Every member of the human family needs to have good manners and morals. Respectability is not necessarily confined to the medical fraternity. Neither are they more than other people, compelled to respect each other. All upright and conscientious members of the profession will act honestly and fairly with their brethren on all occasions, regardless of so-called ethical codes. Selfishness alone disregards the rights of others. Good manners are not governed by the supply and demand; only the good, pure men, among any class, have and are governed by love and charity for one who may be considered as an opponent in the struggle for existence.

I remember just now more than one physician, old in the practice of medicine as well as skilled in good generalship, who demand of their younger brethren observance of an ethical code, which the experienced gray-beard casts to the wind at his pleasure. You have neighbor physicians who always recommend you with an "if" or "but." You are going to make a good physician, but; or, you are a good man, but, or if. It is only a pity you did not attend college a little longer. Maybe you married too soon. You do not study enough, you drive too fast or too slow. Now, worse than all, a sin not to be forgiven, a blasphemous heretic, worse than a murderer or traitor, or abortionist. You have committed a sin against society and the so-called medical world,—a most fearful crime. Worse than robbing an express train. Now, you no longer deserve the respect of the good people of your community. Why, sir, you have attended and graduated at an Eclectic Medical College. To have done this is a fearful crime; you are an outlaw, and it is respectable to cut the throat of your reputation with a but or an if at every opportunity.

I do not believe that I have made this too strong. I rather think that I have not given force enough to the above. Every man who hears me knows that it is true. Let me take, for example, a young man no matter what school of medicine he had affiliated with or whether he located in the country, village or city. Take the location in the city, as an example. The country or village doctor for a time after changing location hardly knows how to realize that he has located in a city to practice medicine. There being in every location twice as many doctors as are needed, people are quite apt to say, "What did that fellow come here for"? You have left the quiet, peaceable ways of a village or country life to locate in a city and be in all the bustle, noise rushing and hustling for existence. Now you very soberly sometimes say to yourself, "What did I come here for, anyhow"? Maybe you will realize that fact later on in life, that you are there in good solid earnestness and that you must hustle for a living. Now it is quite difficult for a country man to catch on to city ways. These fellows walk too fast, and every one of them wants to get there first. There is something about city life that makes a country man feel that he is not at home, and it also makes him feel like he wanted to get back to his old home, and, besides, remain there forever, or die in peace in a country village. You feel cramped. The lot and house in which you live is too small. You may think by getting into a large brick house with pressed brick front, that you will make people think you are somebody, but city folks are hard to fool. What a struggle you have in your efforts to make favorable impressions, and too often make an ass of yourself. You want to capture a whole city, or maybe you will be satisfied with a part, provided it is the best part. You wonder why people don't patronize you. You know you are a good doctor. You call to mind the cases you have cured. Alas! for the others you did not cure. Your opponents remember that list, and they don't let you forget it. It is so very kind and good mannered for them to do that. You don't want to forget your friends. It is a wise saying, "If a man will not be your friend make him your enemy and he will do you good."

While you are struggling for work you will find a good many other fellows making strong efforts to do the same thing. There are old war horses occupying strategic points all around you. They are well located and if they have improved guns they may be able to do effective work and you may have to retreat. Indeed, if they

could have the same effect on the opposition doctors (and that means you) as their guns do on their otherwise effective work, you would very soon be a good subject for the dissecting room. Even with improved guns they may be poor marksmen. I rather think they fire too much at random. There is a kind of haphazardness about it that is quite uncertain so far as the patient is concerned. For example, the shots at pneumonia. If there is an Eclectic in the house who ever lost a case of pneumonia or acute lung trouble, he is not the good doctor he ought to be. I said the shot was quite uncertain, so far as the patient was concerned. Indeed, the patient is quite much concerned, and if he was aware of the fact that the shot was uncertain as to whether it would hit the disease or something else, he would not make a target of himself for that class of marksmen. They take good and deliberate aim, but from the effects, their ammunition is bad. No matter how poor the shot, whether it hits or misses the mark, they will insist on using the same kind of ammunition and the same quantity for a load. There is a routineness about this target practice that makes it uncertain so far as the patient is concerned. Now so long as their guns are of an old pattern and their ammunition is bad, you think you can hold out. You do not think you are in any danger of being charged upon either by the enemy or by your friends, consequently you will hold out, at least for a time. You are patiently waiting for patients. You can wait with patience until you get work to do. It is both good manners and excellent morals, during such times, to keep an even temper.

Did any of you ever see the old-fashioned, long-nose, razor-back hog? Well, he was the pioneer hog of America. This was the original hog. From this source has evolved all the fine breeds. There was no other hog before him. If there was a fence he could not climb, or if the cracks were not large enough for him to get through, he could have the pleasure at least of getting his nose far enough through the crack to destroy three or four rows of potatoes. Now you feel like one of these pioneer hogs nosing around a big, fine clover field, looking through the cracks at fat stock grazing in rich clover, up to their knees and sides. You find the gates closed against you, and you are trying to climb over the fence and get in there with the other prominent M. D.'s, but you have not found a place to climb over or a crack to get through. You have felt small enough to crawl through a crack, if your mind did not revert to the great efforts which you had promised yourself. Your manners and

morals are almost lost in the great whirlpool where so many fail, if they are not totally lost. It may be that you will feel small enough later on in life, or perhaps you may find the gates open for you. You have been told by some of your old-school friends that the latchstring was hanging out. Many thanks for that information. You have been taking bearings,—that is what civil engineers call it,—since you have been in the city, and sometimes you think that you may not be well located. Now every one tells you, even your medical friends, that you have the best location in the city. People will flatter you—every one is aware of that fact. You would rather receive a little flattery when you are idle than to receive nothing at all. Collecting flattery or at least swapping, beats doing nothing. You can't live on flattery, but it is a good stimulant. It is a good medicine, given for the right indication. It will not work well in medicine. Given a case of lonesomeness, a kind of goneness, emptiness, just as though you were not feeling well when you know you are in perfect health, and flattery in medicinal doses won't cure, but it will make you feel better. A good many people pass your office every day and you have a good big sign, with great big gold letters on it, reading thus: Dr. ——. It is so plain that they who run may read. You put a notice in all the daily papers of your arrival and readiness to do business. It is not in bad taste to do this—in fact it is both legitimate and wise. I question the good taste of displaying diplomas in frames on the walls of your office. Nevertheless it has been made fashionable by the so-called Regulars, and your patronage will expect it, if you are so fortunate as to be a graduate. Do not rig your office with expensively fine furniture. Just enough for business is sufficient. Luxurious apartments smack of high prices for poor work. After all, it is best to have the best material with which to do the work you propose to do. Make the best display possible of your skill and let the doctor who is well established see, and every quack, if he chooses. Display your furnishings to the best advantage. Above all remember the best advertisement is to do the most skillful work. To do this requires hard study, close application and a strict regard for honesty in business.

The close observing practitioner will gain much valuable knowledge of practical medicine at the bedside of the sick, but this will be poorly developed and utilized unless he be a reader of books. Keep the mind constantly trained by studying the written experience of others. This will add greatly to your accumulation of knowledge,

and make you ready for any and all emergencies, besides making you the master in the consultation room. Keep well posted in your anatomy, physiology and pathology as well as in the other branches. To do this you must buy books. Buy books first as you can spare the time to study them, and in a few years you will have accumulated quite a good library; besides, you will have cultivated habits of industry. Moments are valuable,—as precious as gold or silver, and should not be thrown away. Utilize every spare minute in acquiring useful knowledge. You should not only study medicine, but study literature and the sciences. Make yourself familiar with the great questions of the day.

MECHANICAL VIBRATORY STIMULATION.

W. E. KINNETT, M. D., PEORIA, ILLINOIS.

We doubt if in the history of the practice of medicine any subject has ever been so widely advertised by manufacturers and so little understood by the profession in general as that of vibration.

To the professional mind, or at least ninety per cent of it, the idea has never, even remotely, presented itself that there should be any difference in the form of vibration beyond that secured by the variation speed. To such an extent is this true that when the subject of vibration is mentioned in the presence of the average doctor there at once appears before his mind's eye a vision of the barber shop, massage parlor or Turkish bath establishment, and he invariably replies, "Massage is a good thing."

It is to be regretted that all the information on this subject that is at present available to the profession is that furnished by a manufacturing concern, with the exception of a very excellent work entitled "Vibratory Stimulation" by the late Maurice F. Pilgrim, M. D. This is to be regretted for two reasons; first it shows a lack of the progressive spirit that should animate the professional mind; and, second, whatever truth contained in the statements emanating from such a source, with reference to a treatment so radical and new, is apt to be discredited without further investigation, even though it may be the truth.

It is impossible in so brief a time as that allotted to this paper to do more than call attention to a few of the main features underlying the physiology of this new therapy. Therefore, in order to make the most of the present opportunity, we will merely touch upon the

method of procedure in securing the following physiological effects, leaving out of discussion the pathology with which all are familiar; first, nutrition to a given point; second, drainage from a given point; third, relief of pain in a given area; fourth, muscular relaxation.

NUTRITION TO A GIVEN POINT.

Take as an illustration the hand in a case of palmar abscess. Here we have impaired nutrition and faulty elimination. At the sixth dorsal spinal nerve, the nutritional center for the hand, a point of great sensitiveness to deep pressure on the affected side will always be found. By applying deep pressure to this point with the vibrator, using the ball attachment the circulation to the hand will, through the sympathetic nerves to the hand which are reached at this point, be influenced immediately. And here let me call your attention to a fact of the greatest importance that is generally overlooked in this connection; namely, that while the circulation to the hand can be influenced by applying massage directly to the hand itself as readily as by applying mechanical vibratory stimulation to the trophic center, the difference in results is usually tremendous, for the reason that in the former instance you not only increase the blood flow to the affected part, but have at the same time aroused the nerves which control or carry on the metabolic process, while in the latter case you have increased the circulation to the affected area without doing a thing to arouse normal metabolism, and as a consequence, your treatment has only aggravated local congestion.

DRAINAGE FROM A GIVEN POINT.

Pilgrim, in his work on "Vibratory Stimulation," has a chapter on the lymphatic system that should be closely studied by every practitioner of medicine or surgery. A careful study of this chapter will make clear a good many points in the consideration of this feature of our paper that space forbids more than a passing reference to: *i. e.,* the action of the lymphatics, the relation of the lymphatics and the spleen, and the spleen in connection with the liver as an organ of elimination.

In order to drain any area the first thing to be done is to stimulate the outlet through the channels through which the waste matter is to be carried. In the present consideration of palmar abscess, the liver, spleen and bowels perform this important function, consequently we place the patient on his chest, arms hanging loosely on either side of the table, the operator standing on the left side of the patient, with the instrument on the opposite side of the table.

By extending the pectoral muscles with the left hand in front of the patient's shoulder, and operating the instrument with the right, using the brush attachment at the angle of the ribs on either side from the fifth to the ninth inclusive, employing heavy pressure,—by heavy pressure we mean from twenty-five to fifty pounds,—the thorax it put under tension, the ribs caused to vibrate thoroughly and through the ribs the liver and spleen. This method of procedure not only affects these organs locally but stimulates their nervous connection as well, for the reason that under the above conditions the ribs act as a medium to convey an impulse, both to the spinal nerves throughout this area affecting these organs, and to the sympathetic nerves lying on the heads of the ribs as well.

In addition to the above, it is well to apply treatment throughout the same area between the ribs at their angles, using the ball attachment and medium pressure to more thoroughly stimulate the spinal nerves; following this up by turning the patient on his back, knees well drawn up, and kneading the spleen and liver well with the ball attachment. After arousing these organs, and with the patient still on his back, the brush attachment should be again employed and the axillary glands on the affected side be well stimulated and the glands of the entire arm as well. In this manner the detritus will be rapidly absorbed. To relieve the bowels we prefer a good warm enema to be given after the other treatment.

RELIEF OF PAIN IN A GIVEN AREA.

It will be found by questioning the patient that the above treatment has entirely relieved all the pain in the arm and hand. This has been due to several things: First, removal of the pressure from the irritated nerves by relieving the congestion; second, the sedative action of the blood on the irritated nerve cells at the nutritional center between the sixth and seventh dorsal vertebra; and, third, the removal of the poisonous matter by absorption through the lymphatics.

MUSCULAR RELAXATION.

If a careful examination of the patient be made throughout the affected spinal area prior to the treatment, a tense contracted condition of the muscles will be found to exist. In the technique given for stimulating the liver and spleen the first effect is to exaggerate this tenseness of the muscles, but as soon as the ribs begin to vibrate the blood begins to flow more rapidly through the muscular fibres and, as a consequence, complete muscular relaxation is secured.

In this connection please pardon a reference to my own case.

For about six years I suffered with severe soreness in the region of the stomach. It was sore all the time, but worse sometimes than others. The least pressure would cause pain. In addition to this I had a very sore spot, the size of a silver quarter, between the eleventh and twelfth ribs on my right side about three inches from the spinal column. This did not pain me very much except when pressed upon. It was so sore and painful that I could not lie on that side nor lean back against anything without causing severe pain. My clothing would cause pain by pressure. Occasionally I had severe pains in my stomach simulating the pains of gall stones. These pains were very irregular, and would come on any time of day or night and last from one to twenty-four hours. At one time the pain lasted twelve days, during which time I took no nourishment except water. For a considerable time I had the pains as often as every night or every other night or day. It seemed that nothing would relieve the pain as well as large hypodermic doses of morphia.

I consulted several physicians and was subjected to all kinds of dieting and treatment steadily for over three years. My ailment was diagnosed gall stones, nervous dyspepsia, neuralgia, chronic gastritis and hyperchloridia. One made an examination of the contents of the stomach after a test meal and stated that I had hyperchloridia in the worst form and would get complete relief by following a prescribed diet without any medicine. This plan completely failed, as did all others. Permit me to state that when the pain was severe in the stomach the sore spot between the eleventh and twelfth ribs, before mentioned, also pained me nearly or quite as badly as the stomach; and somtimes the pain would commence there and go to the stomach. As old Prof. Howe would say, "I suffered the tortures of the damned." I gradually grew worse, becoming very nervous and incapacitated for work. Within four months I lost forty pounds in weight. Last fall I went south to spend the winter and took two weeks' treatment with mechanical vibratory stimulation. After the first treatment I did not have a particle of soreness in my stomach. It left as by magic. However, the sore spot near my spine was not relieved so quickly. There seemed to be a subluxation of the eleventh rib. It was pressed firmly down on the twelfth, impinging the nerve that passes between them and leaving too wide a space between the tenth and eleventh ribs. It took two weeks to place the eleventh rib in proper position, when all pain ceased and the soreness gradually disappeared. My appetite returned; I could eat

whatever I liked and all that I desired without soreness or pain. I certainly am persuaded that the mechanical vibratory stimulation did more for my case than all the medicine and dieting I was subjected to, although no doubt they assisted in the cure; but I do not believe that they would have cured me, as under their constant use alone I gradually grew worse.

DISCUSSION.

DR. MCCANN—What kind of an instrument did they use on the stomach?

DR. KINNETT—A rubber ball. You will see exactly what it is. It is strange to say that vibration with one treatment ended all the suffering I had absolutely, and removed all the soreness.

DR. MCCANN—How long did they use it?

DR. KINNETT—At short periods for four and five days. I am going to say that we as Eclectics are too prone to stick to one thing, when our motto is "Select the good and reject the bad." We are letting a lot of things escape from us when the word osteopathy is brought up. Just study it a little bit and get the good out of it. I got a lot of good out of it. I don't believe I would be standing here to-day if I hadn't come in contact with that vibrator.

A MEMBER—In regard to vibrators. You say you think the Chattanooga is the best vibrator on earth. If I understand, the Chattanooga has a lateral motion. There are other vibrators, one of which has a vertical motion. What, in your opinion, is the difference between the two? Are not the indications that the vertical motion, continuous soft, vertical motion, producing rotation in all directions, is better than any lateral motion vibrator?

DR. KINNETT—In a majority of cases I believe the lateral motion is better; you can get both movements with the vibrator; you can get the percussing movement as well as the side movement, and do each one equally well.

SAME MEMBER—You intimate that Eclectics are liable to be exclusive, but are we not liable to go to the other extreme, and not be conservative enough, and give such things as that credit for supposed cures that might be credited to other causes? Are we not liable to become too enthusiastic?

DR. KINNETT—I thoroughly stick to "Select the good and reject the bad."

DR. MCCANN—If Dr. Kinnett had tried everything else and failed, on that stomach—and with a good many men the stomach

is a great thing—and he found out that the vibratory action produced the results he had been working for six years, I do not blame him for being enthusiastic on that subject. When a thing of that kind is doing the work and doing it so thoroughly, we should be willing to take hold of such things.

DR. KINNETT—Do not understand I am forcing this on you as a wonder subject. You have got to begin and study this.

DR. GOSS—What is the best literature to get on that subject? I regret to say that I am not up on that branch of the profession. It is the duty of every Eclectic to get information from what sources we can.

DR. KINNETT—The book of Vibratory Massage,—F. D. Pilgrim, of New York, or Morris F. Pilgrim—and the one other thing I have seen—and I have hunted a good deal for them—is what the Chattanooga people issue themselves. I would be glad to buy the best works in existence.

DR. BRISTOL—I am sorry I was not in to hear the President's paper. I wish to know where the vibrator was used on your person to affect the stomach.

DR. KINNETT—I will go on that table and be treated in the same position that I was treated. I am proud of being cured.

DR. SHARP—You had been treated by various methods, and had a satisfactory diagnosis of your case ever been made up to the time you began to be treated by vibratory massage? Any complete diagnosis of your case ever been made?

DR. KINNETT—I don't know. Let me say this, that when I went to Chattanooga I went on purpose to get treated with that vibrator. If you knew how I felt then—I would have stopped almost anywhere. I was told they hadn't anybody to administer to me,—use it on me. I said, "Very well, I will take the train and go on to Florida, and die if I must." Finally he said: "Now, Doctor, are you prejudiced against osteopathy?" "No," I said; "I am not prejudiced against anything I don't understand." "We have a lady in this section who understands the use of that vibrator perfectly—knows exactly how to use it. Would you visit her?" "Yes, anybody on God's green earth that would cure me." You feel that way when you are down where I was. I went straight to that osteopath and was treated by the vibrator; all the treatment I got was from the vibrator. Let me say, if you understand that work you will do more than I can to-day. They will put you under that

vibrator and will tell you what is the matter with you without your saying a word; they won't ask you a word. I bet there isn't a man in this town can do that. I was treated all the time by that person. They told me without saying a word what they thought was the matter with my stomach, and said they would cure me, and they did; never asked me a question. Whether it was ever diagnosed right or not, I don't care. I got well. I had taken almost everything. I will be glad if this paper has done any good at all to-day.

DR. NOLAN—I would like to know what was the matter with the Doctor's stomach. It seems to me that it speaks illy for the science that medicine had done no good, and one application of this vibrator cured him. What was the condition present that the doctor was troubled with? We might be able to find out what line of therapeutics should be carried out in these cases, and if that isn't satisfactory to go in neck and head with this vibrator.

DR. KINNETT—I did not mean to convey the idea that medicine did me no good. I said medicine did no good to relieve the soreness in my stomach. I had relief from pain by narcotics, etc.; they did relieve the pain. If I ate anything I would have pain; hydrochloric acid in my stomach, there is no doubt. I forgot the per cent of acid,—Dr. Shippey, of Chicago, made the examination,—I don't remember the amount, but a very great amount of hydrochloric acid, and yet the medicinal treatment prescribed for that did me no good. And the person that used the vibrator said she thought I had an excess of hydrochloric acid in the stomach, but that she did not know.

DR. SHARP—Would it be well to give the osteopath credit for the cure, or the vibrator?

DR. KINNETT—I don't care who has the credit.

DR. MOTT—I have had some little experience with the Chattanooga vibrator. Last fall, in the city of Cleveland, a physician came to me,—a retired physician,—assuring me that he had found something that was going to cure him of his rheumatism. A few weeks before that he had consulted me about a stiffness and trouble of the right arm which I had diagnosed as progressive muscular atrophy, the doctor disagreeing with me and claiming it was rheumatism. At this time I speak of he came in, saying, "I have found something that is going to cure me of my rheumatism. Over at the Arlington Hotel they have a machine called the Chattanooga vibrator. I have had three treatments and I can use my arm much bet-

ter, and I believe I am going to get well." I said, "Doctor, if that vibrator cures you of that progressive muscular atrophy, I will buy a machine right away." He induced me to go and see the machine, and I talked with the person representing the machine, he telling me of the great virtue in the machine, etc. He made this statement: "If you have any sciatic patients, I will cure them in one treatment." I said to him, "Very well."

My mother was visiting me at that time and I was treating her for a severe attack of sciatica. She had been under treatment at that time for three weeks, with no apparent relief. I took her over in a carriage to the hotel. He gave her an application with this vibrator and it made the thing a great deal worse; she could hardly move after his treatment. He said, "It is a bad case; you will have to come again." He gave her six applications with that vibrator, and it did not benefit her a particle. Neither has the doctor with the progressive musclar atrophy been benefited. That is my experience with the Chattanooga vibrator.

THE X-RAY IN THE TREATMENT OF DISEASES OF THE SKIN.

BY WM. L. HEEVE, M. D., BROOKLYN, N. Y.

In bringing this subject before you for discussion, it is not my object to launch the X-ray as a cure for all the ills the skin is heir to. Far be it from the writer to advance such an idea, but I wish to call to your attention a most admirable method of cure in some diseases of the skin which have stubbornly resisted the usual medicinal agents.

I do not believe that it is beneficial in the acute diseases of the skin, neither that it should be used in those cases that will respond to medicinal agents, but only in those that have not been found curable by drug medication, dietary, etc.

When the skin is exposed to the X-ray a pathological process of the cells of the skin is produced. After a period of latency a pathological phenomena is set up, due to the toxic products of destruction, and the extent of this secondary phenomena is dependent upon the quantity of rays absorbed. This degenerative process takes

place in every cell of the area irradiated, and must end in either resolution or death of the cell, in death the cells of the outer or horny layer of the skin are thrown off, while in the deeper layers they are absorbed. The X-ray has a selective action for certain kinds of cell as manifested by the rapid degenerative action of cells rich in protoplasm and rapid in growth, as an example: In the new patches of psoriasis or in an acute attack of acne, while the action of the X-ray is almost *nil* in the blood-vessels and connective tissue.

In treating skin diseases we must take into consideration the proper dosage of the selective ray, the period of latency and the amount of reaction. The greater the dosage the shorter the duration of latency and the more active is the reaction.

The cardinal importance in radio-therapy of the measurements of quality and quantity of the rays applied must be appreciated. They are the stumbling blocks which cause so much confusion in the hands of different workers in this most interesting field of research. Benoist has tried to solve a method of measuring the quality of ray by his radiometer, which consists of a central plate of silver of a stated thickness, surrounded by twelve plates of aluminum and measuring the quality of ray by comparing the illumination of the central plate with the surrounding plates. This plan has many drawbacks, and is very crude. While we are still at sea in the measurement of the ray, we must learn the output of our individual machine and the penetration of our tube by our individual methods. As to the measurement of quantity, Holzknecht's pastilles have been employed. They are composed of radioactive alkaline salts and resin which change in color while exposed to the X-ray. Comparing this discoloration with a standard scale of colors we are enabled to approximate the quantity. These pastilles are a secret preparation and therefore costly, placing them beyond the possibility of general adoption. Labouroud has adopted a paper covered with an emulsion of platino-cyanide of barium, which is still in the experimental stage. The last two methods are anything but perfect.

I must confess that my method is as crude as those mentioned above and I have no suggestions to offer.

The tube employed in treating diseases of the skin must be low in vacuum, corresponding to number three or four of Benoist's radiometer. This tube will give a low, crackling noise, and a faint blue glow toward the anode and capable of backing up about a one

and one-half inch spark between the prime conductors of a static machine.

The part to be treated should be exposed to the selective rays, which project at right angles to the anode, and all other crossed or oblique rays must be interrupted by a shield or other means of protection.

The length of exposure depends upon the apparatus of excitation, and the susceptibility of the patient. No method of measurement of dosage known will guide us as to the susceptibility of our patient. Our best method is personal experience with the tube and machine, and knowledge gained from the observation of previous cases. As a rule I have obtained my best results by giving two or three exposures of twenty to thirty minutes' duration, with a tube corresponding to number four Benoist, the intervals depending upon the disappearance of the inflammatory reaction, generally about twenty days. But this is a method possessing many danger points, and should be given with care and consideration. Some cases will respond to two treatments; others require from ten to forty, and possibly more.

Cancers of the skin have responded to the curative power of the X-ray, and in this location of malignant disease, the X-ray has proven itself a worthy factor. It has been my experience that better and quicker results can be accomplished by applying the zinc-copper mercuric cataphoric treatment to the part and causing the bulk of the growth to slough away, allowing the X-ray to act upon the deeper structures. Inserting mercuric coated zinc-copper needles at the base of the growth and using a current strength as large as the patient will tolerate, generally from 60 to 100 m. a. (using cocaine as a local anæsthetic) until the part becomes hard and changes in color. The average duration is about forty to sixty minutes. The bulk of the cancer will slough away in about ten to fourteen days. The first exposure of the X-ray is given when the part has thrown off the necrosed tissue, and presents an ulcerated base. A prolonged exposure with a low tube (No. 4 Benoist) is my preference, then wait until the reaction has occurred. If it is mild, another exposure is given with the same tube and current strength, but of longer duration and proceeding with like treatments until a cure is obtained, or the case refuses to respond to further treatment.

Since March, 1902, to date I have had under my care thirty-three

cases of skin cancers resulting in nineteen apparent cures—recurrence in three cases, which finally responded to further prolonged exposures—six cases, nearly 58 per cent. of all the cases treated, discontinued treatment and eight were complete failures.

The effect of X-ray applications to a pruriginous surface gives indisputable proof of its power to relieve pruritus, especially if it is due to a neurodermatosis. Its power was well exemplified in a case under my care, where the pruritus extended over the entire genital tract—from clitoris to anus. The patient gave a history of having been under treatment by a great many skin specialists of New York during the last three years, without permanent relief. After radiotherapeutic treatment of three months' duration, she received an apparent cure. It is now one year since the discharge of this patient, and she remains free from all signs of her former illness.

In almost all of the cases suffering from a disease of the skin giving pruritus as the most troublesome symptom, and subjected to radio-therapy, there has been a noticeable improvement. As a rule the pruritus will diminish about the end of the tenth day and will totally disappear from the twentieth to twenty-fifth day. Relapses are frequent, therefore the necessity of carefully following up the treatment with shorter exposures and longer intervals; then a relapse will seldom occur.

It is remarkable to observe the improvement, especially in those chronic cases of pruritus ani which have resisted all forms of medicinal treatment. Many cases where the itching about the anus has been very intense, so much so that the patient had scratched the parts with fingernails, hard brushes and rough towels in the effort to obtain relief, producing ulceration—here the X-ray has proved itself a worthy factor in the cure.

Eczema has also responded and four cases where the itching was most intense and had resisted all medication, gave immediate response to the ray, and cures were established. Many cases have come under my observation, and the results with this mode of treatment have been very encouraging.

Acne vulgaris, lichen planus, rosacea (erythematous and pustular), have all responded to the action of the X-ray in my practice.

Ringworm of the scalp has been rather obstinate in responding to X-ray therapy. The parasite of ringworm is not always the same and considerable importance attaches to the variety of fungus caus-

ing the disease. Here we must use a powerful dosage to enable us to destroy the very root in the hair follicle and when this can be accomplished success is within reach. A most excellent adjunct is the following combination:

℞ Iodine 1.50
Ac. Oleic pure..... 2.00
Liq. Petrolatum.....25.00
M., Sig. Rub in thoroughly twice daily.

This is to be used only after the hair has disappeared.

In favus the results are better, as the hair does not become brittle, but remains stiff.

Localized patches of psoriasis have responded, but this disease has so many relapses that I dare not advocate a positive cure, no matter how long the skin remains free from scales.

In this short paper it is impossible for me to give details of each case, but I feel assured that the X-ray is a worthy adjunct to our armamentarium in the treatment of skin diseases and will cure many cases that drugs will not. The rays must be soft, coming from a low tube with full protection to keep the oblique rays from doing harm, and allowing the selective ray only to pass. The healthy part surrounding the area irradiated, must be well protected by shields opaque to the X-rays.

PENETRATING WOUNDS OF THE CHEST AND LUNGS.

BY DR. A. B. YOUNG, M. D., BROWNSVILLE, TENN.

Penetrating wounds of the lungs may be of the most varying character, from the slightest perforation with a minute instrument, to the most frightful loss of tissue by large missiles or bullets.

Wounds of the lungs are very common, and are mostly produced in personal combats, by shooting or stabbing. While they are all serious, and even dangerous to life, recovery is not infrequent where there is a clean cut, or where the bullet passes entirely through the body without leaving any foreign body or substance in the lung tissue, and the heart and large blood vessels are not injured.

These are always emergency cases, and the physician or surgeon should ever stand ready with a steady nerve and the necessary appliances to treat them. The surgical attendant should also be guarded

in his prognosis of these cases, as not infrequently a coroner's inquest or a judicial investigation follows the shooting or stabbing, and the attendant becomes an important expert witness in the case. His testimony may be important in leading to the arrest and conviction of the assailant, or equally instrumental in affording life and liberty to an innocent person falsely accused. The surgeon as an expert witness may be able to determine whether an individual who has been shot has received skillful treatment or not, as patients suffering from bullet wounds not infrequently die from injudicious probings, or through lack or proper care and attention; and while the expert witness' professional knowledge and skill may be severely put to the test, and he suffer much vexation of spirit, in these judicial investigations, through the persistent tactics of the ever alert cross-questioning attorneys in their endeavor to entangle him and thus annul his testimony, still we should not let this deter us from taking charge of such cases when called upon, as the successful treatment of a patient with a knife or bullet wound through the lungs may make for the young surgeon a reputation that otherwise might take a life-time to attain.

Wounds of the lungs are dangerous in proportion, first, to the amount of hemorrhage which they produce, and secondly, to the amount of air, and especially of any foreign or septic material which has been introduced or permitted to enter. The first mentioned is the one of most immediate danger, and its relative extent is to be judged of by the direction the penetrating missile has taken, if this can be ascertained, and by the general condition of the patient. If the patient expectorates blood, the existence of a wound of the lungs may be instantly recognized. If air can be heard entering or escaping from the chest, or if the lung is evidently collapsed, it is a sign of perforation of the lung or pleura upon that side. If collapse be extreme, death will probably rapidly ensue, a large blood vessel evidently having been injured. If the external wound bleeds freely, the blood probably comes from one of the intercostal or mammary arteries. Much information as to the depth of the perforation, extent of injury, etc., may be obtained by examination of the weapon which produced the wound. It is not every bullet or stab wound of the chest that will cause perforation of the pleura. A bullet or the blade of a knife may be deflected by the sternum, ribs or the scapula in such a way as to pass perhaps a long distance through the tissues without entering the thoracic cavity.

Emphysema, or the infiltration of air into the subcutaneous cellular tissue, is another evidence of perforation. This may not exist immediately after the injury, but may be found on examination, some hours afterward. Hernia of the lungs will also be positive evidence of perforation of the chest cavity.

The treatment of penetrating wounds of the chest or lungs necessarily depends largely upon their character and extent. Injuries of the large blood vessels are usually rapidly fatal, and for these surgery, as a rule, has little to offer. But where no such immediate danger threatens, we should first seek to check the hemorrhage by keeping the patient as quiet as possible, the use of pressure, tampons, etc., and, where the case justifies, the wound may be enlarged by free incision, and the bleeding vessels or tissues ligated according to the circumstances. Bleeding intercostal vessels may be easily reached and ligated; and even in the case of an internal mammary artery, though more difficult to reach, yet, its course parallel to the border of the sternum and a short distance from it, being known, though inside the thorax, a strong ligature may be thrown around it and made secure. Should other means fail, the bleeding may be checked by means of a compress or aseptic gauze plugged tightly into the wound.

Above all things, it is needful to warn against useless probings in bullet wounds, since by use of the probe nothing is revealed in these cases which could not otherwise be learned; while by its use the protective blood clot is disturbed or broken up and the hemorrhage renewed; also, septic matter may be introduced into the wound, provoking serious troubles which otherwise might not occur.

Hemorrhage being checked and the region of the wound being thoroughly cleansed, probably the best course for the average practitioner to pursue is aseptic occlusion, using iodoform gauze, sterilized pads, absorbent cotton, etc. Such blood as is poured into the pleural cavity ordinarily coagulates rapidly and is subsequently absorbed; but if, later, should serous effusion or purulent degeneration take place, its effects may be overcome by aspiration, or by incision and drainage.

In cases of severe shock to the nervous system, with great depression and syncope from the loss of blood, hypodermics of strychnine, nitro-glycerine and other stimulants may be given, and the saline solution may be used, either by rectal injections or injections

into the cellular tissues, to help resuscitate the patient, and an occasional hypodermic of morphine may be administered to relieve pain and quiet the patient.

The after treatment consists in keeping the patient as quiet and as comfortable as possible, and the use of such sedatives and antiseptics as may be required to keep down sepsis and to hold in check traumatic fever. For the last, nothing is superior to sp. echinacea, or echafolta. The proper nourishment should be given and the wounds dressed sufficiently often to insure cleanliness and comfort.

Many complications are liable to arise in these cases, which must be met and treated according to conditions and circumstances, to illustrate which, I will recite a case which came under my care and treatment not long since. Although the case resulted fatally, the patient dying some two weeks after receiving the injuries, nevertheless it may prove of interest and serve to illustrate the point which I wish to make.

Mr. W. H. B., a very large, robust, saw-mill man, aged 46, height 6 ft. 2 in., weight 235 pounds; while running his saw-mill, March 2, 1904, a young man rode up and accosted him about something which he had said about him the day before, and before anyone was aware of the young man's intentions, he drew his pistol, a 38 caliber, and began firing at close range, five shots, all of which took effect in Mr. B.'s person. The first shot entered the chest just above the left clavicle, penetrating the apex of the left lung, ranging downward and inward and to the right. The ball entered the right lung also, and lodged somewhere in the chest wall. The patient being unarmed and not expecting a difficulty, whirled around and ran. The other four shots took effect in his back, left arm and thigh. One ball entered the back two or three inches to the left of the spinal column, on a line with the heart, ranging upward and outward. It lodged deep down in the muscles of the back, without entering the chest cavity. The ball in the left thigh entered to the left of the femur and ranged upward and outward and lodged deep in the tissues of the buttocks. One ball struck the left forearm in the rear and passed diagonally through the muscular tissues and out under the ulna, making a clean cut or passage way through the arm. Another bullet entered the back of the left arm and outward to the humerus, ranged upward and outward and lodged deep in the muscles of the arm in that region.

Although badly shot, the man did not fall, but was caught by two

of his mill hands, who assisted him to a house near by and laid him on a bed, with blood pouring from his numerous wounds. Frothy blood, blown out by air from the lungs, bubbled freely from the wound in his chest; this, with air infused into the cellular tissues of the neck, face and head, producing extensive emphysema of those parts, presented a gruesome sight to the eyes of the bystanders, some forty or fifty people who had gathered about the house and room, fully expecting that the man would be dead in a short while. I was summoned by telephone some time after the shooting, but as the "site of war" was six or eight miles in the country, several hours had elapsed before I reached the patient. I found the patient as stated, and very faint from pain and loss of blood, his eyelids puffed and tightly closed, so he could not see without prying the eyes open. In fact, the whole of the upper chest, neck, face and head were fully inflated like a balloon ready for ascension. The blood had about checked when I arrived, and the patient had been freely dosed with whiskey. I first gave a hypodermic of ½ gr. morphia and 1-20 gr. strychnine, which relieved the pain, and with encouraging words from me, inspired the patient with renewed hope and strength. I dressed the wounds with iodoform gauze and pads of absorbent cotton, wet with 20 per cent solution of Lloyd's asepsin, held in place with bandages, and I directed that some of the asepsin solution be poured on the wounds occasionally, as the dressings became dry. I also prepared a mixture of aconite 15 drops, echinacea ½ oz., apocynum 1 dr., water 4 oz., and directed a teaspoonful to be given every two hours; left some ¼ gr. morphine tablets with directions to give one occasionally, if necessary to keep the patient resting easy, and left for home.

From the description of the case you can readily see that the man was badly "done up," but this is not all. The patient rallied from the shock nicely, the temperature for the first three or four days not going above 101° F. I dressed his wounds daily, washing out the tracks of the bullets with solutions of echafolta and carbolic acid, using strips of sterilized gauze wet with asepsin solution, pushed into the sinuses to keep the wounds open and facilitate drainage. I did not attempt to remove the bullets, as the only material danger was from the ball in the lungs, and an attempt to remove this would have been foolish and unjustifiable, serving to further imperil the life of the patient.

I was fearful all the while of traumatic pneumonia and toxemia, and used every precaution that I could think of to avert the same. The patient expectorated much coagulated blood from the beginning, but he got along well up to the fifth day, when he had a restless night, and I was summoned to come and bring Dr. A., a distinguished Allopathic physician and surgeon of our town, with me. Upon examination, we found the patient suffering with traumatic pneumonia of both lungs, temperature 105.5° F., pulse 140 per minute, respiration 60 per minute. In the consultation, Dr. A. expressed himself as having no hope for the patient, and thought it useless to try to do anything. While it looked like a hopeless case (and we so informed the family), and that it would be impracticable to remove the bullet from the chest, for which purpose the consulting physician was called in, yet we decided to render every medical assistance at our command, and give the patient every chance for his life possible. So we gave strychnia hypodermically to sustain the heart's action, sp. lobelia for the dyspnea, chloride of potash for the engorgement of the lungs, sp. veratrum viride for the full, hard pulse; and the tongue having a dirty yellow coat, we prescribed a brisk cathartic of podophyllin, and ordered hot applications of carbolized vaseline or lard, spread on cloth, applied to the chest—all of which acted nicely, and I found the patient somewhat better on my return visit the next day, Dr. A. not going any more. The patient did well under this treatment and everything worked smoothly along up to the eleventh day of his illness, when the pneumonia seemed about well, and all the wounds except the one in his chest had about dried up and almost entirely healed, and I began to congratulate myself on the patient's recovery, when on the twelfth day he began having nerve rigors and profuse sweating. Of course this meant empyema with threatening toxemia, and the last struggle for life had begun. The patient became very much depressed and it seemed as though he would die that night; but under free stimulation of whiskey and protonuclein and hot applications, with heroic doses of sulphate of strychnia hypodermically by the next morning he again rallied. Then came the "command for the last charge," and for five days and nights the battle raged. Under this stimulating course of treatment, with liberal doses of Lloyd's echafolta and the sulphate of calcium, the patient again improved for several days, when I again began to think that the man would get well and received many congratulations from inter-

ested parties at his seeming recovery. But on the fifth day of this last struggle and the sixteenth day of the patient's illness, his mind began to wander and he rapidly grew worse, and, in spite of all that could be done, he continued to gradually sink and died on the morning of March 18th.

THERAPEUTICS

BELLADONNA.

H. D. QUIGG, M. D., BLACKWATER, MISSOURI.

Belladonna in the form of specific medicine is one of our most highly prized remedies.

The specific indications, viz., dilated pupils, dullness of expression, tendency to coma, etc., are too well known by Eclectics to need any comment.

It has, however, a range of remedial power, which cannot be attained by the small doses called for in its finer action, as used according to the specific idea.

In excessive sweating, where prompt action is desired, the drug must be exhibited in doses sufficient to make slight physiological effect. The best drug in these cases is sulph. of atropia, hypodermically, in 1-100 gr. doses. It quickly stops the excessive sweating and also temporarily strengthens the heart, while respiration becomes slower, fuller and easier. To accomplish the same effect about four drops of the specific medicine may be administered. Remedies may be repeated in an hour if needed.

For collapse in typhoid fever, or dysentery, the above treatment will be of much benefit.

Our Homeopathic neighbors have highly extolled the remedy in scarlatina, yet I have administered it many times in that disease without perceptible benefit.

In cystitis of the acute kind it is a good remedy either of itself or combined with other soothing diuretics, but full doses are necessary before the sensory nerves of the bladder are improved sufficiently to blunt the pains in it.

A plaster containing ten percent of the extract of belladonna and capsicum is excellent to relieve a chronic lumbago, for sick stomach, rheumatic joints and as an application to repress the lacteal secretion.

In acute colds, attended with profuse watery secretions from the nasal cavities or eyes, a capsule of:

R Atropia Sulph .....gr. 1-100
Quinia Sulph .....grs. iij
Dover Powder .....grs. iv

Sig. Dose. One such capsule every six hours. Only a few doses will be required.

In catarrh of the nose and throat with too much secretion and swelling of the membranes, prescribe specific belladonna, gtt. xxx; Seiler's solution, oz. iv; M. Sig. Use with atomizer several times a day. This will give great relief, but no treatment is likely to cure the disease.

In cerebro-spinal meningitis or spotted fever, the remedy has been highly recommended, to reduce the inflammation in the meninges, yet I have seen no good come from its use.

During the past year I had one case of poisoning, caused by the patient accidentally swallowing 20 drops of specific belladonna and 40 drops of specific gelsemium. The pupils were only slightly dilated an hour and a half after the poisonous dose was taken, the bladder was full of urine, delirium pronounced, disposition to coma, no actual spasms, but convulsive movements tending thereto, mouth and throat perfectly dry, and upon being aroused patient was "crazy as a March hare."

I at once used a hypodermic of pilocarpine hydr., 1-4 gr. This was repeated twice, making 3-4 of a grain, and the sweating in a short time was very profuse and continued for several hours. With the coming of perspiration the mind became normal, though the patient was very weak; a very sick stomach followed, lasting two weeks, and also some diarrhea.

In the form of a ten-percent ointment combined with camphor, menthol and opium, it makes a good application to inflammation about the rectum and prostate. The ointment may be used on swollen and rheumatic joints, and when so used it should be covered with hot cloths.

I think the main uses of belladonna to be in profuse perspiration; as a soother to the urinary passages, and in plasters and ointments externally.

As for its specific use, as indicated in the specific symptoms calling for it, I think that the "indications" point to almost certain death, no matter what remedy is used, and, therefore, the use of the drug is not calculated to benefit said conditions.

DIGITALIS.

WM. H. RUSSELL, M. D., IPSWICH, MASSACHUSETTS.

Common names.—Foxglove, fairy cap, fairy fingers, dog's finger, finger flower, lady's glove, lady-fingers, lady's thimble, popdark, flopdark, lion's mouth, rabbit's flower, cottager's throatwort, Scotch mercury.

This plant was originally introduced into this country from Europe as an ornamental garden plant, but has now escaped from cultivation in parts of Oregon, Washington and West Virginia, where the plant is found in great abundance in dry, sandy soil, along roads and fence rows, on the border of timber land, and in small cleared places.

Part used.—Leaves of the second year's growth, which should be collected when two-thirds of the leaves have expanded. They should be very carefully dried in the shade and kept in close barrels so as to keep out all moisture. From 40,000 to 60,000 pounds of digitalis are annually imported from Europe, where the plant is cultivated. Leaves from the wild American plant have been assayed and found to be equally as good as the European article. [Farmers' Bulletin No. 188, U. S. Dept. of Agriculture.]

It is probable that no drug used as a medicine has been more abused, and less understood, than digitalis. Digitalis is a remedy of limited application, and no physician should venture to use so powerful a drug unless he is competent to make a thorough examination of the patient. A short time ago, I read an article written by a physician extolling the virtues of one of the newer heart remedies. He said: "This remedy (meaning the new remedy) is of no use after compensation has failed; neither is any other heart remedy of use at this time." I wish to ask why a remedy should be given, when nature is compensating for some defect of the circulatory organs. If there be any obstruction, nature strengthens the heart by causing hypertrophy of the heart muscle. Therefore, so long as nature does the work in her own way, do not try to interfere with her. It is obvious that digitalis should not be given to a patient with hypertrophy of the heart muscle. This drug should not be given until there is failure of compensation.

I have found that the tincture made from the English leaves acts best as a heart remedy; and that the infusion acts best as a diuretic.

Some authorities claim that digitalis causes a diminution in the elimination of urea. Others claim that the elimination of urea is increased.

How often we read in a medical journal that the doctor gave digitalis because the heart of his patient, sick with pneumonia, was failing. Now, digitalis is not an emergency remedy; it requires about three days for this remedy to get right down to work; about the time the funeral is usually held.

The keynote for the use of digitalis is weakness, relaxation, and dilatation of the heart muscle, which causes a rapid and weak heart action, with low arterial tension. Digitalis should never be prescribed in a case presenting symptoms of hypertrophy of the heart muscle, *i. e.*, a vigorous action of the heart with high arterial tension. Digitalis should never be prescribed during the stage of compensatory hypertrophy. In aortic stenosis, with compensatory hypertrophy, digitalis may kill your patient, or produce serious results. In stenosis of the aortic opening, causing mitral incompetence, and regurgitation, digitalis may give the patient some degree of comfort. Digitalis is supposed to benefit the patient when the action of the heart is weak and rapid, arterial tension low, cough, difficult breathing, dusky countenance, pulsating jugulars, scanty, high-colored urine, and general dropsy. These are the classical symptoms which authorities lay down as requiring the administration of digitalis. It has been my experience that no remedy will be of permanent benefit in these cases, and that the province of the physician is to "smooth the pathway to the grave."

As a remedy digitalis stands alone, and when indicated, there is no remedy which will take its place. It is slow in action, and slow to let go after the heart muscle is once in its grip. In an emergency a quick-acting cardiac remedy should be given, then digitalis should be carefully used until the peculiar action of the drug is observed. From five to seven drops of a good tincture, three or four times in twenty-four hours, will be sufficient. To obviate the tendency to constriction of the arterioles, nitroglycerin may be given alternately with the digitalis. Nitroglycerin is another remedy which is greatly abused, and misused. In dilated heart with relaxation of the capillaries, nitroglycerin will do harm. When used alternately, to offset the tendency of the digitalis to constringe the arterioles, *i. e.*, to bring about an equilibrium, it is a good remedy. This is not a new

idea. It is merely a new application of the old physio-medical principles of "relax and astringe."

In relaxation of the arterioles with cyanosis, especially if there be debility of the inhibitory nerves, capsicum and strychnia are the remedies. Digitalis would here take a secondary place.

In acute dilation of the heart, digitalis is the remedy which will pull the heart muscle back into place; and no other remedy will take the place of digitalis in this condition. Acute dilatation of the heart muscle may be caused by a sudden strain—either physical or mental. The symptoms are: General cyanosis, œdema of lungs, and, if from continued hard work, the nervous system is involved, there being a condition of debility of the sympathetic system. Digitalis is a prominent remedy in this condition of acute dilatation; in the condition of œdema of the lungs, hypodermic of atropine and strychnia to stimulate respiration, and heart action; for the dilatation of the heart muscle digitalis and strychnia. As an emergency remedy with relaxation of the capillary system, capsicum stands pre-eminent as a remedy. Don't use nitroglycerin in this condition. Don't use nitroglycerin in any case when there is a flushed face of flushed surface. Nitroglycerin flushes the capillaries, therefore, this remedy is contraindicated. Capsicum is a valuable heart stimulant, as well as a general stimulant and tonic, without the dangerous qualities of some more modern heart remedies. If it were an expensive drug and "made in Germany," it would be used more extensively.

BERBERIS AQUIFOLIUM.

J. P. HARBERT, M. D., BELLEFONTAINE, OHIO.

I have tested this remedy thoroughly during the past three years in catarrhal affections of the nose and throat, and have been so well pleased with its action that I now employ it as an internal remedy in all affections of this nature, characterized by excessive discharge and a lowered state of vitality. In these conditions it is a valuable adjunct to whatever local treatment may be indicated.

Berberis has yielded me better results than any other single remedy in the eruptions that frequently appear on the face about the time of puberty or later. In these conditions I frequently combine it with nux vomica.

In any case where an alterative treatment is indicated, berberis,

either alone or in combination with other agents of known virtue along this line, will give very satisfactory results.

My experience with this remedy has been confined wholly to Lloyd's specific medicine, berberis aquifolium, and of this I usually employ one dram to a four-ounce solution of chloroform water, a teaspoonful four times a day.

COLCHICUM.

N. A. HERRING, M. D., BENTON HARBOR, MICHIGAN.

Colchicum Autumnale.—Synonym—*Meadow saffron.* Part employed—the bulb and seeds. Natural order—*Liliaceae.* Locality—Europe.

Botanical description.—Colchicum grows in meadows and pastures in central and southern Europe, flowering in September and October. The seeds ripen in June following. Its development covers a period of two years. In the latter part of summer a new bulb springs from the lower part of the old one, the latter embracing it half round.

The new plant sends out fibers from its base, and has a tubular, cylindrical spathe open at the top on one side and half under the ground. In September two to six purple flowers emerge from the spathe, but no leaves; the tube of the corolla is five inches long, the limb consisting of five segments, the flower tube being two-thirds under ground. The fruit remains under ground until the following spring, when it rises on a stem above the ground as a three-lobed, three-celled capsule.

The bulb should be gathered in June of the second year's growth, before its powers are exhausted by furnishing nourishment to the new bulb. The seeds, which should be gathered in August, are rough, one-twelfth inch thick, roundish, dark brown, pointed at the hilum, very hard and tough. Both the seeds and bulb have a bitter, acrid taste. Solvents, alcohol, vinegar, and wine.

Physiological Action.—Moderate doses cause some gastro-intestinal irritation, with loss of appetite, colic and diarrhea. In poisonous doses it causes violent gastro-intestinal irritation, griping, delirium, coma and death.

Specific indications.—In chronic rheumatism, or pericarditis, combined with macrotys in the following mixture:

R Lloyd's Specific Macrotys .....dr. j
Lloyd's Specific Colchicum .....dr. j
Aqua, q. s.....oz. iv

Mix. Sig. Teaspoonful every two hours.

It acts promptly and with great satisfaction. In the rheumatic carditis or pericarditis, combined with apocynum and cactus, in the following mixture, it is indicated:

R Lloyd's Specific Colchicum .....gtt. xxv
Lloyd's Specific Apocynum .....gtt. x
Lloyd's Specific Cactus .....gtt. x
Aqua, q. s. .....oz. iv

Mix. Sig. Teaspoonful every two hours.

The action is prompt and the results exceedingly satisfactory.

BROWN IODIDE OF LIME.

J. C. MITCHELL, M. D., LOUISVILLE, KENTUCKY.

Synonyms.—Iodized calcium, iodized lime, calcium iodized. Abbott puts it out under the trade name of "calcidin."

This drug occurs as a brown amorphous unstable powder. It loses iodine by evaporation on exposure to the air, with the consequent decrease in color, and should be kept tightly corked. This preparation is a supersaturated iodide of lime, and not the common crystalline salt, Ca I2. It readily decomposes in water—the iodine being dissolved while the lime is thrown down as a white flocculent precipitate. More iodine is liberated in the qualities of potassium or sodium iodide, and can be used in much larger doses.

The therapeutic value of this drug depends upon the iodine—the line acting as a vehicle. Possibly we get some effect from it as a tissue builder. The properties are alterative, stimulant, discutient, deobstruent, tonic, and reconstructive.

The disease we get the best results in, from the administration of the iodized calcium, is membranous croup. And the results in these cases are truly magical. The child, seemingly well, has the brassy cough in the afternoon. At night the parents are awakened by its struggles for breath. The face is cyanosed and anxious. All the auxiliary respiratory muscles being brought into play, the sternum being deeply retracted at each effort to fill the lungs. In this case we would exhibit the iodized calcium in one-third to one-grain doses

in hot water, every five to fifteen minutes with almost certain knowledge than in thirty to sixty minutes the little patient would be greatly relieved. And in a couple of hours would be coughing up chunks of the false membrane. If there is a suspicion of diphtheritic infection also, it is well to be on the safe side and use calcium sulphide, antitoxin, or some vegetable internal antiseptic, as echinacea, baptisia, in connection with the iodized calcium. While the brown iodide will help to disintegrate a diphtheritic membrane, we need something to combat the toxemia.

These two cases will illustrate its effectiveness.

1. L. S.—Two and a half years old, sick two days with bronchopneumonia—developed croupy cough late in the afternoon with some exudation into the larynx. Ordered calcium iodized in one-third grain doses, dissolved in a little hot water every hour, with other medicine. Next morning the mother said, "Doctor, that medicine acted like magic. The cough was better after the first dose. She passed a fine night."

2. J. S.—Five years—subject to croup, had a bad cold for a couple of days. Had a slight attack of croup one night which was relieved by home remedies. Next night the attack was much worse—face anxious, pulse small and frequent, violent efforts to breathe, the tips of the ears and finger nails bluish, whistling respiration. Dissolved fifteen grains of iodized calcium in two ounces of hot water and gave a teaspoonful every five minutes for six doses. With some improvement, the intervals were lengthened to ten minutes. In an hour the child was breathing fairly easy and was given some lobelia, just short of vomiting, to accelerate the loosening of the membrane. On coughing the child would spit out chunks of membrane and swallow more. Next day the little one was about well.

In the beginning of a bad cold or coryza, if we give a brisk cathartic, a grain of the iodized calcium every hour, and limit the ingestion of fluids, the cold will usually be aborted in five or six hours.

In these cases of heart disease that have nightly attacks of shortness of breath with tight, harassing cough, a grain of this remedy every fifteen minutes will quickly relieve. This is merely palliative. In asthma where we have more tumefaction of the bronchial mucous membrane than a spasmodic contraction, we get some good from its administration.

This drug has been recommended in tonsillitis, laryngitis, bron-

chitis, clergyman's sore throat and hoarseness of singers. The following case is one that did not receive much benefit from it. Mrs. B., choir singer, had been singing almost constantly for fifteen years. The last three or four years had been having spells of hoarseness, lasting a few days to a few weeks. In the first attack last winter she was so hoarse she could hardly speak above a whisper. Iodized calcium relieved some. At times the voice would be clear as a whistle and in an hour as hoarse as ever. I combined pulsatilla with it and in due time she recovered. At the next attack she consulted an osteopath who manipulated the cervical region. She was completely relieved in a couple of treatments and has not had a hoarse spell since. The osteopath explained that the constant use of the voice had numbed the nerve ends and that was the cause of the trouble. He could press on the trachea just below the thyroid cartilage without causing her to cough. As his treatment cured the case, I suppose his explanation is correct.

Dr. Kinnett recommends its use when a person has a succession of boils. Its use has been suggested in beginning fibroid phthisis as a general alterative and with special reference to its resolvent action on fibrous tissue. In chronic mercury, lead, and arsenic poisoning, its action is beneficial. In rachitis it is especially beneficial, as we get the benefit from the lime as well as the iodine.

We can use this agent in any place we wish the action of iodine, as in uterine fibroids, goiters, and other dense tumors. In fibromas give 1 or 2 grains three or four times a day for months. In enlarged glands its use will have to be continued for some time together with iodine locally.

THE MATERIA MEDICA OF WESTERN PENNSYLVANIA.

J. R. BORLAND, M. D., FRANKLIN, PENNSYLVANIA.

Abies Canadensis (*Hemlock Spruce*).—The extract used in a variety of conditions. It is astringent and detergent. I have used the vapor, made from a decoction of the leaves in vinegar, with marked relief in quinsy, follicular tonsillitis, diphtheria, and diphtheritic croup. [See Ellingwood's Materia Medica and Therapeutics.]

Actea Alba (*White Cohosh*).—A uterine tonic of considerable value. Not plentiful.

Achillea Millefolium (*Yarrow*).—Astringent, tonic. Soothes

intestinal irritation. Used in night sweats and in uterine hemorrhage.

Adiantum Pedatum (*Maidenhair*).—Promotes menstruation. Specific in leucorrhea.

Æscutus Hypocastaneum (*Horse Chestnut.*)—Used in diseases of the kidneys and bladder, and for piles.

Ajuga Comoepitys (*Ground Pine*).—Found plentiful in the woods. A good diuretic.

Aletris Farinosa (*Star Grass.*)—A uterine tonic of much value. Used in all female complaints.

Alnus Rubra (*Tag Alder*).—Alterative, tonic, and astringent. Removes waste products. Useful in skin affections, boils, etc.

Alnus Serrulata (*Black Alder*).—Alterative, tonic and anti-periodic.

Angelica Lucida (*Belly-ache Root*).—Aromatic, stimulant, and astringent. Useful in wind-colic, pleurisy and fevers.

Aralia Hispida (*Dwarf Elder*).—Diuretic, of considerable use in dropsy.

Aralia Racemosa (*Spikenard*).—Stimulant, diaphoretic, and mildly expectorant. Increases waste and removes morbid products from the system. Used in asthma, hay-fever, bronchitis, laryngitis, etc. A valuable remedy.

Apocynum Cannabinum (*Black Canadian Hemp*).—A valuable diuretic. Eliminates urates and phosphates from the system. Used more especially in dropsies.

Aralia Neudicaulis (*Wild Sarsaparilla*).—Good blood purifier. Plentiful.

Aristolochia Serpentaria (*Virginia Snakeroot*).—Diaphoretic. diffusive stimulant, and eliminant. A useful remedy to force out the eruption in scarlet fever, measles, and small-pox. The early Eclectics valued it highly.

Asarum Canadensis (*Wild Ginger*).—Stimulant, diaphoretic and expectorant. Prof. Paine says: "A strong infusion, drunk freely, is almost a specific for dropsy of every variety."

Asclepias.—Several varieties. Viz.: *A. Incarnata* (*Swamp Milkweed*). *A. Syriaca* (*Common Milkweed*) *and A. Tuberosa* (*Pleurisy Root*).—The last was highly esteemed by the old Eclectics. Its most direct action being upon the sudoriparous glands. Used in pleurisy, pneumonia, bronchitis, and peritonitis.

Aster Puniceus (*Red-stalked Aster*).—A valuable remedy for leucorrhea and prolapsus uteri. We have several varieties of asters, but, so far as I know, they have not been properly investigated.

Baptisia Tinctora (*Wild Indigo*).—The most valuable antiseptic known. Used in all diseases of a septic character. Also in poultices for gangrene and mortification. A very valuable remedy. Grows plentiful.

Betula Lenta (*Black Birch*).—A good diuretic. Valuable in diseases of the bladder. A decoction of the leaves has been known to cure dropsy. A decoction of the bark with an equal quantity of the bark of tag alder, is an excellent remedy for eczema and boils, if used for some time.

Castanea Vesca (*Chestnut*).—Astringent and antispasmodic. A specific for whooping cough. For this disease, take one pint of syrup made from a strong decoction of the leaves, then add specific belladonna fifteen drops, ammonium bromide two drams. Mix. Dose, for a child under five years of age from half to one teaspoonful; over five years, one to two teaspoonfuls, four or five times a day. This with the use of the Cresolene lamp, will cure or greatly modify the disease, in from ten to fifteen days, as I can verify.

Caulophyllum Thalictroides (*Blue Cohosh*).—Plentiful in Mercer and Crawford counties. Used in chronic uterine disorders, amenorrhea and dysmenorrhea. Also, to prolong gestation to full term.

Cerasus Serotina (*Choke Cherry*).—An antiperiodic.

Chimiphila Umbellata (*Pipsissewa*).—Prof. Paine says: "One of the best diuretics in the materia medica. May be used in an infusion or syrup freely. Useful in all cases of debility, scrofula, consumption and cancerous affections.

Cimicifuga Racemosa (*Black Cohosh*).—Plentiful, and of first quality. One of our highly-esteemed remedies. Has a wide range of therapy. Used in rheumatism, chorea, rheumatic fever, muscular rheumatism, and female diseases.

Collinsonia Canadensis (*Stone Root*).—Specific in hemorrhoids, catarrhal gastritis, laryngitis or pharyngitis; and a tonic to enfeebled muscular structures.

Comptonia Asplenifolia (*Sweet Fern*).—A reliable antiseptic and tonic to enfeebled muscular structures.

Convallaria Multiflora (*Gold Thread*).A fine tonic. A wash made of a decoction is a valuable remedy for apthæ and sore mouth. May also be taken internally for the same purpose.

Corollorhiza Odontorhizt (*Crawley or Sweet Root*).—The early Eclectics made much use of it in the onset of fevers. Specific action upon the superficial capillaries. It is one of the most reliable diaphoretics known.

Cornus Florida (*Cornus Florida*).—Tonic and antiperiodic. I was told by Dr. Durham, of Atlanta, Ga., that it was extensively employed by the Confederates during the war, as a substitute for quinine; and that it answered the purpose quite satisfactorily.

Corydalis Formosa (*Turkey Pea*).—Anti-syphilitic. One of the ingredients of the compound syrup of stillingia.

Cypripedium Pubescens (*Yellow Lady's Slipper*).—There are, at least, three varieties of *Cypripedium* found here. All possess the same properties. Nervine. Useful in all nervous affections, nervous headache and hysteria.

Dioscorea Villosa (*Wild Yam*).—Antispasmodic. A specific for bilious colic. Also good in neuralgia.

Epigea Repens (*Trailing Arbutus*).—Found only in the northwestern counties. Plentiful in Venango county. Lithontripic and diuretic. An infusion should be drank freely.

Equisetum Hyemale (*Scouring Rush*).—Diuretic and alterative. Useful in strangury, and in all blood dyscrasias. Plentiful.

Erecthites Hieracifolius (*Fireweed*).—The oil is a specific for piles. A decoction is useful in typhoid fever, dysentery, and asthma.

Erigeron Canadense (*Canada Fleabane*).—The herb is used in infusion in dysentery. The oil is a specific in uterine hemorrhage and in hematuria.

Euonymus Atropurpureus (*Wahoo*).—Alterative, cathartic, and hepatic. One of our best remedies for chronic affections of the liver.

Eupatorium Perfoliatum (*Boneset*).—Much used as a domestic remedy for colds, etc. A cold infusion taken three of four times a day, is an excellent remedy for bilious affections, weakness of the stomach, and chronic derangements of the bowels.

Eupatorium Purpureum (*Queen of Meadow*).—Plentiful. A strong decoction is useful in gravel, leucorrhea, and prolapsus uteri.

Euphorbia Corrollata (*American Ipecac*).—Emetic operating in about the same doses as the foreign ipecac.

Frazera Carolinensis (*American Columbo*).—Not plentiful. A mild tonic and alterative. Useful in dyspepsia, and has been used with good results in blood dyscrasia, and diseases of the bones.

Frazerin, the active principle, is more eligible than any other preparation.

Fraxinus Accuminata (*White Ash*).—Alterative, uterine tonic. Also used in eruptive diseases, as eczema, etc.

Filices (*Ferns*).—There are said to be some forty varieties found here. Some are edible. Properties: Astringent, pectoral, anthelmintic. A variety called mountain break has been successfully used in dysentery, and chronic diarrhea. They should be further investigated.

Galium Aparine (*Cleavers*).—Plentiful. A valuable demulcent diuretic. Used in strangury and diseases of the kidneys and bladder.

Gaultheria Procumbens (*Wintergreen*).—Plentiful. Properties and uses well known.

Gentian (*American Gentian*),—Tonic. A tincture in whisky is a popular remedy for muscular rheumatism and dyspepsia.

Geranium Maculatum (*Crow Foot*).—An active astringent. Used in dysentery and hemorrhages.

Hamamelis Virginica (*Witch Hazel*).—Astringent, antiseptic, tonic to mucous membranes. Use in throat affections, as phagadenic ulceration, and for piles. A popular remedy for many affections.

Hedeoma Pulegiodes (*Pennyroyal*).—A diffusive stimulant and diaphoretic. Used for colds and to promote menstruation. Excellent as a fomentation, in puerperal peritonitis.

Helonias Diocia (*Unicorn Root*).—Tonic, diuretic and vermifuge. Also a specific for impotency.

Hepatica Triloba (*Liverwort*).—Hepatic, used in liver troubles.

Hechera Americana (*Alum Root*).—Strongly astringent. A tincture is said to be useful in diabetes. Should be further investigated.

Hydrangea Arborescens (*Seven Barks*).—Diuretic and lithontriptic. Eliminates uric acid.

Hydrastis Canadensis (*Golden Seal*).—A pure tonic to the muscles, imparting great tone and vigor, to both the voluntary and involuntary muscles. In dyspepsia, where the indigestion is dependent upon a weakened state of the stomach, hydrastine (the active principle) affords almost immediate relief. [See Paine's Epitome of Medicine.]

Larix Americana (*Tamarac*).—Diuretic and astringent, A good remedy in gleet. To make a tincture, take an ounce of the gum and

four ounces of alcohol. Dose ten to twenty drops, on sugar, three or four times a day.

Laurus Sassafras.—The oil is used to disguise the taste of other medicines, and in liniments. The pith makes a good application for inflamed eyes. Also a cooling drink in fevers.

Leontodin Taraxicum (*Dandelion*).—Useful in liver troubles, but slow of action. We have much better remedies for the liver.

Leptandra Virginica (*Culver's Physic*).—One of the best cholagogues known. Properties and uses well known.

Liriodendron Tulipifera (*Tulip Tree. Yellow Poplar*).—A fine tonic and stomachic. A good remedy for night sweats.

Lobelia Inflata (*Lobelia*).—A valuable emetic and antispasmodic. Used in all diseased conditions attended with spasmodic action, as asthma, whooping cough, infantile convulsions, puerperal eclampsia, tetanus and epilepsy. Enters into the *Beach Emetic powder.*

Lycopus Virginica (*Bugleweed*).—Tonic, sedative, astringent and narcotic. Used in hœmoptysis, incipient phthisis, exophthalmic goitre, and to regulate the action of the heart. It was much used by the old Eclectics for spitting of blood, and is not excelled for that purpose.

Mitchella Repens (*Partridgeberry*).—Plentiful. (Enters into *Mother's cordial, viburnum, and aletris compounds*). Used in many female complaints.

Monarda Punctata (*Horsemint*).—A diffusive stimulant, diaphoretic and diuretic. Infusion is useful in nausea and vomiting, and irritation of urinary organs.

Nymphæ Odorata (*White Pond Lily*).—Plentiful in our lakes, A sure cure for nursing sore mouth and inflamed eyes. It was a great favorite of the Thompsonians and Botanics of early days. Is an ingredient of (*Thompson's No.* 3 *for canker.*)

Ostrya Virginica (*Ironwood*).—Tonic and antiperiodic. The Columbus Pharmacal Co. employs the heart or red wood of the tree, in their (*Ironwood Tonic*).

Panax Quinquefolium (*Ginseng*).—Getting scarce. It is a mild sedative and tonic to nerve centers. The Chinese make much use of it. It is a rather weak remedy.

Petroleum (*Rock Oil*).—Formerly used internally and externally by the laity, for many ills as a panacea. The Eclipse Oil Works here,

obtain some sixty different articles from the crude oil, some of much use in medical practice.

Petroselinum (*Wild Parsley*).—A mild diuretic. Used in dropsy and in diseases of the kidneys and bladder.

Phytolacca Decandria (*Poke Root*).—Is emetic, cathartic and alterative. Used in mammitis, internally and externally. Diphtheria, follicular tonsillitis, membranous and spasmodic croup, goitre, syphilis, and many other affections. It is one of our highly esteemed and most useful remedies.

Pinus Strobus (*White Pine*).—Diuretic and expectorant. Uses well known.

Pinus Rigidab (*Pitch or Yellow Pine*).—Diuretic, pectoral and expectorant. I make a tincture of the gum, by adding one ounce to four of alcohol. Take tincture of the gum and balsam copaiba each two drams; tr. benzoin comp., half an ounce. Mix. Dose, fifteen to twenty drops on sugar or in milk, three or four times a day. Use: In bronchial troubles, dyspepsia, kidney affections and uterine troubles. Especially useful in leucorrhea.

Polygala Senega (*Seneca Snakewood*).—Expectorant. Use: For colds and in cough syrups.

Potentilla Canadensis (*Five Fingers*).—The infusion makes a cooling drink in fevers.

Podophyllum Peltatum (*Mandrake*).—The active principle, *podophyllum,* is the preparation generally used. It is so well known, further description is not needed.

Polygonum Punctatum (*Smart Weed*).—Diaphoretic, diuretic, emmenagogue and antispasmodic. Useful in promoting menstruation and a good fomentation in bowel troubles.

Polytrichum Juniperum (*Hair-cap Moss*).—A powerful diuretic. A decoction drank freely is a very reliable remedy for dropsy of the heart.

Populus Tremuloides (*Quaking Asp*).—Tonic, alterative, vermifuge and stomachic. Valuable in all diseases of the bladder.

Prunus Virginiana (*Wild Cherry*).—Diuretic and expectorant. Uses well known.

Quercus Alba (*White Oak*).—A powerful astringent. Uses well known.

Rhus Glabrum (*Sumach*).—A useful astringent. Used in ophthalmia and luecorrhea. The berries make an excellent gargle for diphtheria and tonsillitis.

Rhus Radicans (*Poison Ivy*).—Paine says: "One or two drops of the tincture, three or four times a day, is an excellent remedy for palsy, amaurosis, etc." Should be further investigated.

Rhus Toxicodendron (*Poison Oak*).—According to Scudder, the indications are: "Small, sharp pulse, with pain in the forehead, especially in the left orbit; burning pain; tongue shows red spots on the upper surface of the tip." Should be administered with caution.

Rubus Strigosus (*Red Raspberry*) *Rubus Triviaisl* (*Dewberry*) and *Rubus Villosus,* (*Blackberry*).—All possess similar properties, being more or less astringent. The latter being the strongest. A decoction has been used with much benefit in dysentery and diarrhea.

Rumex Crispus (*Yellow Dock*).—Alterative, used with other articles, in the form of a syrup, for cleansing and purifying the blood.

Salix Nigra (*Black Willow*).—Alterative, antiperiodic and an aphrodisiac; and externally. King says: "The bark of the black willow is recommended as a poultice in gangrene, and as an external application to foul and indolent ulcers, in which it stands unrivaled. It is made by simmering the powdered bark in cream."

Sanbucus Canadensis (*Elder*).—Alterative and diuretic. I have used a strong decoction of the inner bark in cider, with most excellent effect, in ascites.

Sanguinaria Canadensis (*Blood-root*).—Alterative and expectorant. A most valuable remedy in the treatment of pseudo-membranous croup. Enters into the *Emetic powder,* which I have found a most excellent remedy in pneumonia, and in the colds of children. It is one of our most valuable remedies, and a favorite of the early Eclectics.

Scrofularia Marilandica (*Bittersweet*).—Also called (*Solanum Dulcamara*). A mild narcotic, diuretic, alterative, diaphoretic, and discutient. (*See King's American Dispensatory.*)

Scutellaria Lateriflora (*Skullcap*).—One of the most valuable nerve tonics and antispasmodics—a specific in nervous chorea and most other forms of nervous affections.

Senecio Aureus (*Life Root*).—Diuretic, pectoral, diaphoretic, tonic, and exerts a peculiar influence upon the female reproductive organs, which has given to it the name of the *Female Regulator.*

Symplocarpus Faetida (*Skunk's Cabbage*).—An active antispasmodic. Valuable in whooping-cough and asthma.

Thymelacae Palustris (*Leatherwood*).—A good astringent.

Tilia Americana (*Basswood*).—Antiperiodic and tonic.

Trillium Pendulum (*Bethroot*).—An excellent remedy for low forms of fever accompanied with hemorrhage.

Ulmus Fulva (*Slippery Elm*).—Demulcent. Used as a cooling drink in fevers and for poultices.

Urtica Dioica (*Common Nettle*).—Astringent, tonic, diuretic, and diaphoretic. A decoction of the roots, drank hot, is excellent, to develop the eruption, in measles, scarlatina and small-pox. [*See American Dispensatory.*]

Veratrum Viride (*American Hellebore*).—Arterial sedative. Use in fevers, and to reduce temperature. A most valuable remedy when properly handled.

Verbascum Thapsus (*Mullein*).—Demulcent, diuretic, anodyne, and antispasmodic. The infusion is useful in coughs, catarrh, hemoptysis, diarrhea, dysentery, and piles.

Verbena Hastata (*Vervain*).—Tonic, emetic, expectorant, and sudorific. [*See American Dispensatory.*]

Viburnum Opulus (*High Cranberry*).—One of the most powerful antispasmodics known. Used in cramps and dysmenorrhea.

Viburnum Prunifolium (*Black Haw*).—Uterine tonic and sedative, and an excellent remedy to arrest abortion and prevent miscarriage.

Xanthoxylum Fraxinum (*Prickly Ash*).—Stimulant and antispasmodic. Use in rheumatism, cholera morbus, and cholera.

To give anything like a full description of the indigenous materia medica of western Pennsylvania, would require a volume. I have therefore restricted myself to a brief description of those remedies, which the Eclectic branch of the profession consider of the most value. In preparing this paper, I was impressed with the fact, that with our indigenous remedies alone, I could practice medicine quite successfully.

TISSUE REMEDIES.

W. N. HOLMES, M. D., NASHVILLE, TENNESSEE.

There has been much written and much said, pro and con, of the use and actual value of tissue remedies. I have heard good physicians say that they have tried them abundantly and had totally failed to find any value in them whatever. On the other hand, I have been

told, by equally as well posted men, that they had prescribed them with most excellent results.

After years of experience with their use in my practice, I feel it a duty I owe to the profession, as well as to those who have labored so persistently to place good articles in their hands, to give back the benefit of what I know in regard to the efficiency of these agents.

First, I will say that I fully believe the physician who states that he obtains no good from their use, is one who has tried them as I did when they were first introduced into this country, systematically considered. I tried them two or three years, said they were no good and gave them a back seat in my laboratory. I frequently referred to them as only a money-making scheme on the part of the manufacturer.

Some eight years ago, having been then for some years troubled with a restless, nervous, uneasy feeling in the back of my head and neck, I was attacked one night, after retiring, with a very severe pain, one and a half inches to the right and half an inch below the occiptal protuberance. If I had been pierced by a nail, the pain could not have been worse. After waiting a few moments, hoping that it would pass away, I arose, got my chloroform vial and proceeded to burn the surface over the seat of pain. This relieved it for ony a few moments, when it returned with greater violence.

I battled with it through the night, and sent for a doctor next morning. He came and soon exhausted his skill to no purpose, then another and another.

This pain continued for five weeks. The patient was growing feeble and anxious. I told my wife that I was going to die, if something was not done and that right soon. She said she hoped not; I said I hoped not also. I told her to bring me a pencil and scratch book. With these, I scratched a letter to my nephew, Dr. D. W. Holmes, of Bellevue, Texas, telling him that my time was about up, describing to him my condition.

In three or four days, I had a letter from him, ridiculing my thoughts of dying, and saying that he was glad I had the pain—not glad I suffered pain, but was glad to have my attention called to remedies which he knew would cure such pains as I had. He had been ridiculed by me for championing the tissus remedies, and took this oportunity to even up. He wrote as follows: "Take 5 grs. mag. phos. in a swallow of hot water. In fifteen minutes repeat this and continue till you have taken four doses, when the pain will

be gone. Then take kali. phos., 5 grs., before each meal, for sixty days, and your head will be entirely well and your mind as clear as when you were twenty years old."

Knowing that no one could find the medicine in my office but myself, I arose, dressed myself, and proceeded to the office, with a forlorn hope that I might be, at least, benefited. I very soon had the remedy and with my pen knife, I guessed at a 5 gr. dose and instead of warm water, I laid the medicine on my tongue, being a 2x trituration, and washed it down with water from a bucket that had been standing in the office for the past five weeks. I took a seat and waited for fifteen minutes to take another. Before the fifteen minutes were up, I experienced a very peculiar sensation in the painful area—a sensation of antagonism between two forces, the one energizing to continue the rhythm of pain, the other, with mandatory vehemence, repelling its every effort. This, I soon began to enjoy with supreme delight, as I could see every paroxysm grew lighter. I waited another fifteen minutes, when, to my gratification and utter astonishment—the pain was entirely gone.

I took, while in the office, but the one dose, but was careful to carry the bottle home with me. I subsequently found that by weight, I had taken ten grains instead of five. On returning to my home, my wife asked me how I felt. I told her that I was as well as I had ever been in my life. She asked if the mag. phos. had done the work. I said that I thought so, as it was all I had taken since leaving home. I sat down and read until time to retire, with perfect immunity from pain. Before retiring, I took another dose and no one ever slept more profoundly, calmly, and sweetly, than did I that night.

The next day, I drove seven miles to see a patient, ate fried ham, fried eggs, corn bread, and drank buttermilk and strong coffee for dinner.

I took a few doses of kali. phos., but, feeling perfectly well, I neglected this part of the prescription and have not, as yet, given it anything like a trial as to its curative effect. Like all other bad patients, I never think of it until I have a recurrence of headache symptoms, which I have had every one or two months since, but never have let them go but a short time, as I keep the remedy at hand as a toper would his bottle or a morphine fiend his dram vial of cure-all.

I have never lost a day since that time from headaches, but have

ever been able to relieve the pain in from thirty minutes to two hours. I have tried all of the twelve remedies and, while they have not all worked such wonderful cures as I realized from mag. phos., I believe that, if my diagnosis had been as correct in others as it was with my own case, the results would have been fully as satisfactory.

In surgical cases, when we want to be sure that the blood is kept in good condition for a rapid healing process, I don't think there is anything better than 2 grs. of 2x ferrum phos. every two hours. It is also excellent as a local application when we want a dry dressing for wounds. I much prefer the remedies in powder to the tablets; while not so convenient, they hold their medicinal virtue much longer. I use and much prefer the 2x triturate to any other strength.

In conclusion, I give it as my opinion, that when a more thorough understanding of the relation of drug action to pathologic conditions obtains, it will be found that the principle upon which the system is founded, is the one fundamental to all that leads directly to the cure or relief of disease.

THE THERAPY OF DYSURIA.

GEORGE H. KNAPP, M. D., CINCINNATI, OHIO.

In considering the therapeutic application of remedies from a regional viewpoint, the selective action of medicinal agents upon functional correlated systems of the economy, one is impressed by the peculiar richness, the almost unlimited resources, of the Eclectic Materia Medica in drugs which favorably influence disease processes affecting the genito-urinary organs. As the above caption would indicate, however, this paper must necessarily be limited to a brief consideration of those remedies which tend to relieve, and in some instances radically cure, idiopathic cystic irritation or are palliative in those cases dependent upon some primary cause perhaps not susceptible of removal by medication.

Cases of dysuria, vesical urgency, precipitate micturition with more or less pain and burning—are of frequent occurrence, and it may be said that we are never wholly justified in prescribing for this condition with the subjective symptoms as the sole guide to the selection of the remedy; in almost every instance the patient should be examined carefully with the view of determining, if possible, the exciting cause of the difficulty.

When we reflect upon the anatomic relations of the bladder to

other organs of the pelvis—how it is bound to the rectum by a loose elastic fibrous meshwork which in the male includes the seminal vesicles and vasa deferentia, and, in the female its intimate relation to the uterus—we can appreciate readily the pronounced effect upon the bladder of inflammatory processes or displacement of contiguous organs. Again, it must be borne in mind that the bladder is endowed with a rich nerve supply, both sympathetic and spinal, consequently symptoms of vesical irritation may be purely nervous, frequently of reflex origin and dependent upon disease of other parts as, for example, of the kidney, or from irritation about the rectum, or an adherent prepuce. The effect of the nervous system on the bladder is perhaps not better exemplified than in the vesical crises of tabes, often among the earliest symptoms of ataxia; the frequent, urgent micturition of hysterical states is traditional.

While the indications usually given, for the various remedies under consideration, consist almost wholly of subjective symptoms, such indications must necessarily be accepted with a certain amount of reserve, since it is evident that dysuria may often exist secondary to exciting causes of a verying nature, is indeed, often a mere complicating feature, and the exact diagnosis consists in many instances of ascertaining the primary cause, upon the removal of which the bladder disturbance would cease without further medication. We could hardly expect, for example, ordinary remedies to permanently benefit a cystitis resulting from the presence of calculi or from a neoplasm, nor could drugs more than palliate in those cases resulting from stagnation of urine consequent upon urethral stricture or acute tumefaction, or hypertrophy of the prostate gland. Aside, then, from a careful investigation of subjective sensations, it becomes necessary to examine each patient carefully—to study the urine itself, examine urethral discharges, in suitable cases irrigate the bladder and examine the vesical washings, palpate the seminal vesicles and prostate, search for urethral strictures and vesical calculi, in the female ascertain the existence of uterine displacements, cystocele or urethral carunculæ, search for adhesions of prepuce or glans clitoridis, examine the vesical cavity with the cystoscope, or in extreme cases it is justifiable to explore the vesical cavity by means of supra pubic cystotomy.

Specific Gelsemium relieves the patient who is nervous and in a state of general excitation; the secretion of urine is scanty, it is difficult or impossible to start the flow, although there is a constant

desire to urinate; the vesical neck and deep urethra are seemingly in a state of spasmodic contraction; the meatus burns and urine passing over the urethra imparts a sensation of rawness. In urgent cases five drops should be given and repeated in an hour, carefully watching the effect of the remedy.

Specific Apis is indicated when the secretion of urine is scanty, there is a frequent teasing desire to urinate, the act being accompanied by a sensation of burning and stinging in the bladder and urethra rather than one of actual pain; the meatus urinarius pouts and itches.

Specific Eryngium.—This remedy seems to be peculiarly adapted to those cases of vesical urgency with acute onset, the dysuria is apparently idiopathic, at least there is no ascertainable cause in many cases. The patient, most frequently a woman during the active sexual period, or more rarely, one who has passed the menopause, complains of a frequent, almost constant desire to urinate. The act is accompanied by a scalding sensation, unduly prolonged and followed by tenesmus; there is a dull aching in the bladder, extending to the loins. Some cases of dysuria with the above symptoms are temporarily relieved by eryngium, but have a tendency to recur, seeming to depend most frequently upon uterine displacement or inflammation.

Specific Chimaphila.—The pathologic state most benefited by this remedy is one of irritation rather than one of acute or chronic inflammation, the patient is usually a male past middle age, whose sleep is broken and disturbed by constant cystic teasing with very little relief following micturition; there is little or no discharge of mucus or pus. (Watkins.) Fifteen to twenty drops of the remedy should be given every three or four hours.

Cannabis Indica is a useful remedy for the acute bladder disturbances (usually part of a general nerve storm) of the climacteric and of decided benefit in the ardor uninæ of acute specific urethritis. It is most convenient in some cases to administer the remedy in the form of tablets containing one-fourth grain of the physiologically tested solid extract.

Specific Thuja.—The key-note to the use of this remedy in urinary troubles is atony and it should never be given when there is inflammation or much irritation. Old men with enlarged prostates urinate frequently; the urine escapes drop by drop and the bladder is imperfectly emptied; the accelerator urinæ has lost its tone in

common with the other pelvic structures and the patient thinks he has completed the act of micturition only to find a urethra full of urine emptying itself down the side of his leg. Saw palmetto may advantageously be alternated with thuja in some cases, and when there is decomposition of residual urine hexamethyline, tetramine—urotropin, formin or cystogen—may be given in doses of five to ten grains in water three times a day.

At the risk of becoming tiresome, indications for many more remedies might be given in detail. It is only necessary to mention xanthium, red onion, epigæa repens, equisetum, agrimonia, hydrangea, lycopodium, elaterium, cantharides, althæa, pichi and corn silk, each of which has a well defined field of usefulness in the treatment of vesical irritation.

But to be thoroughly conversant with the indications for a few remedies and their limitations is, perhaps, preferable to having a confused idea of many. If in the treatment of dysuria the cases are carefully differentiated—gelsemium, apis, eryngium and cannabis indica being used in the acute cases where the pathologic condition is one of inflammation, chimaphila and equisetum when the process is one of chronic irritation, and thuja in the more chronic cases characterized by atony—the results will in the majority of these cases be all that could be desired. Occasionally, however, it becomes necessary to combine these remedies with or entirely replace them by others; agrimonia, for example, is a very useful remedy in the subacute or chronic cases with much mucus, hydrangea and lycopodium, when there is a "brickdust" sediment in the urine and a tendency to the formation of calculi. Tr. of red onion and xanthium in aggravated cases of chronic cystitis, and the infusion of althea for the cystitis of painters, resulting from the turpentine poisoning. The intelligent application of these remedies to the individual case, as it presents, along with due regard for causal factors, furnishes a very satisfactory treatment for dysuria.

PEDIATRICS.

EARLY DISCIPLINE OF CHILDREN—ITS BEARING PHYSICALLY AND MENTALLY THROUGH LIFE.

V. A. BAKER, M. D., ADRIAN, MICHIGAN.

I promised this section an article on early discipline of children and its bearing on the future through the several periods from birth to death.

A priori, assuming there will be more unsaid than my paper will contain, if I give nothing original, I may at least agitate thought, and possibly stimulate in the minds of some a tendency to review and expunge some of the careless, thoughtless methods of modern times in discipline and example, and the relation it has to the future life of the individual, for.

> "'Tis education forms the common mind;
> Just as the twig is bent the tree inclines."

The young child must be disciplined understandingly. And right here I desire to state that I am not an advocate of cruel methods of discipline; rather persistent methods, training the child to know its educator, be he parent or guardian, and to know that authority must be respected. If a child is corrected and subdued once, and for a similar offense allowed to go uncorrected at another time, we will make little headway, and the young child will be quick to take advantage of such laxness in discipline.

The old adage had it, "Spare the rod and spoil the child." This idea is in harmony with monarchial systems, largely done away with now. If a child is early trained to know there is no place like the home roof tree, and year by year receives the discipline of kindness, firmness and home love, it will delight in home rather than seek amusement outside. "Bring up a child in the way he should go, and when he is old he will not depart from it," is as old as the Bible, and in the main, correct. There may be exceptions to all rules, and occasionally we will note exceptions to this rule; children with good surroundings and a model home life may turn out "black sheep," but the rule holds, nevertheless.

Early discipline, even in cradle or crib, is essential. The child has been rocked when it stirs or whimpers and, instinctively, soon learns to repeat the same maneuver, only with more vigor; thus

having its way in small affairs, soon has them learned in those more momentous. Many mothers think their children, when quite young, do not need culture; a very serious mistake, for early impressions are likely to remain. As the child grows older, it needs and should have, various methods brought to bear to entertain, and the poorest are not too poor to furnish some toys for the young child. Here comes a point where early discipline becomes a factor in child-life. All children have a tendency to be more or less destructive, soiling their blocks or tearing their primers. This may be nipped in the bud, by taking their toys away from them for a time and the child made to understand the why and wherefore of the punishment, which, rest assured, it will.

As the child grows older and away from the care of blocks and simpler toys, it needs some light service to perform; if a boy, some suitable out-of-door choring, errands, etc.; if a girl, some indoor duties may be imposed, as dish-wiping, tidying the rooms, and especially her room, even though the mother keeps domestics. Some discipline should be imposed, and in all cases insist on having order. A place for everything and everything in its place, except when in use.

I very well remember when a lad of five years, one of the things I had to do was to get a basket of kindling for the morning fire, and it so happened, once upon a time, that in father's absence I went to bed with this duty unperformed. At this time he had been to a near-by village, and it was his custom, often, to get his children some little token, as raisins, candy, or fruit, and present them when he got home. The evening in question I was sleeping in the chamber, and, noticing that I had not got my basket of kindling for the morrow, he called to me, and I got up and dressed with alacrity, thinking he had brought me something good as the reason of his desiring my presence, and you may judge of my astonishment when he said: "Get your lantern, and then your kindling." The next morning he said to me: "I could easily have got the kindlings, but I desired to teach you to do your part and do it on time, and you will thank me for teaching you this as you grow older." This episode I have never forgotten, and have truly been thankful for the thousand and more things taught me by one of the best of fathers.

Home discipline should be the discipline of love: scolding and bickering with children shows a weak and mistaken judgment. Like father, like son, and the same applies to the mother. What a

mistake is made when one parent is correcting a child, to have interference from the other, an act noted by the child, and a lesson of rebelliousness is being taught and not likely to be forgotten. The young child should be taught to reason analogously, which may be accomplished even before the little one has learned to talk. In what way? you may inquire. A young babe early learns to know his attendants from strangers and in many instances manifests fear if a stranger has to do with it. Some mothers so frighten their young babes by shaking, scolding or other forms of punishment, that the child has been known to convulse, when in an angry mood, the parent approaches it. The little one notes the look of anger, as facially expressed, and fear from memory of past similar events couples the past with the present and the child learns to distinguish the difference between a smille and a frown. If in such cases (many examples of which might be put forward, want of space forbidding), the child does not reason, what may we call it? The brain of the young child is plastic. Impressions are made in infancy, childhood or youth, that nothing but the failing memory of age can eradicate. Certain physical wrongs excepted, and all persons in authority should understand this principle so universal and so essential in the training of the child.

Selfishness is a deplorable trait of character, commencing its development, possibly, in the cradle. To illustrate: A family of unusual selfish propensities, numbering five children, had one bright little girl unlike in disposition of the other four. These children had a rich aunt who remembered them all each Christmas by way of appropriate gifts, but being absent one Christmas no gifts reached the family, and the matter was commented on by the parents when the little miss just alluded to, remarked or said to her mother: "Mamma, I know why aunt don't remember us any more." "Why?" queried the mother. "Because we never give her nothing back," answered the child. One-sided affairs like this just related tend in any family to dwarf and make undesirable characteristics. If these children, or any others, had their generosity appealed to by teaching them the beauties of benevolence and generosity, for the poorest can send some token of remembrance, if nothing more than a penny card with "good wishes and kindly remembrance" inscribed thereon, it would at least show kindly appreciation and teach the young that gratitude is one of the rare graces that adorn personalities. Parents or those in close association, make a serious mistake

when they attempt to coerce the young child by telling it of naughty children getting devoured by bears, or that ghosts or goblins will get them. Nurses too often assume this role to quiet the child and get it to sleep, perhaps, and now and again a silly mother is guilty of the same mistake. Impressions given the young, it should be remembered, are likely to never be effaced.

From childhood to adolescence grave dangers beset the young. The youth, though properly taught at home, comes in contact with smart young lads that are morally corrupt and dangerously persuasive, and unless guarded and guided by those in authority over them, are liable to go astray.

The tendency of the times savors of much that is unreasonable, and, if there is anything the young lad aspires to, it is a longing after manhood, to be able to do as his father and elders do, tobacco chewing, cigars and cigarette smoking, the bane of American civilization to-day. If the child escape bad management of infancy and youth, artificial feeding and artificial life generally, unsanitary dressing, late hours and improper surroundings, as for instance, the child dressed with improperly protected limbs, often in midwinter, to satisfy fashion's behest instead of being guided by good judgment, the little girls and boys attend an evening party, keeping late hours, and if a cold and croup and death follow "a wise dispensation of Providence" smooths the way and assuages the sorrow of the deluded parents and the deluded clergy who proclaims it to be the Lord's will. Not all the clergy, but too often we hear this doctrine proclaimed, a doctrine of ignorance and superstitition.

What a sad commentary and sermon on a want of home influence to see boys in knee breeches smoking cigarettes or cigars, and young misses out evenings exposed to sights and sounds, especially of city or village life, unaccompanied by parents or attendants, with a quid of gum in their mouth. They are likely to mate well with lads of similar age, puerile mentally and physically, and we may well pause and ask, "What will the harvest be?"

The most inspiring hope for the temperance cause depends upon home training of youth. They need be educated in patriotism. Our late President Harrison saw the need of this when he in his proclamation co-operated with Congress, advising Oct. 21 a general holiday to keep the principle of American independence fresh in the minds of the people.

I just remarked that the future of the temperance cause depends

upon proper education of the young. The baneful influence of intemperance should be taught in our schools. If one hour a week should be given this subject and it placed in its true light, it would inspire and enthuse the young mind to shun the dangers of the cup.

The young men and women soon to be, now in training, will make mistakes in that part in which they have no experience or teaching, therefore, if properly educated regarding this, few will depart from it.

So long as children are mismanaged at home, artificial feeding, slack governing, the child to the front rather than the rear; together with our faulty system of education in our graded schools, fundamental principles slighted, that the higher grades may be hastened at the expense of the lower, just so long are we astray in our duty to those who are so soon to take our places as men and women, to make our laws and govern the State.

I cannot refrain from putting myself on record regarding the base-ball and foot-ball craze that is so popular at the present. I do not suppose that it will produce a shadow of turning, yet I desire to state that it is having a demoralizing influence on the industries that need and demand the attention of all nations. Who is made better by the practising of these games? It encourages idleness, it jeopardizes life and limb; it is in no way educational; on the contrary it hinders advancement, and discourages aspiration after manhood, or nobility of character, and its example and influence over the young and impressible is evil in tendency, hence the necessity of discouraging everything that is likely to blight the future of the youth of to-day. Turn backward the pages of history to the time when Olympian games were in vogue, the highest aspiration then being fastened on feats of strength as exhibited in conducting the same, and read on and note the following pages that agriculture, mechanics, the arts and sciences suffered until a reformation took place, relegating their games from folly to utility.

To summarize in a few brief sentences:

1. Early discipline, kindness and reason and attractive home life, respect for their elders and implicit obedience in things essential.

2. Dining room discipline: Proper food and drink; no tea or coffee should be allowed the growing child; mincing between meals, rapid eating and general watchfulness over the young will be of

signal service; withal table manners should be cultivated, this being a part of the child's education.

3. The out-of-door associations. Attention to this is of great importance; association with vicious youngsters, who very likely smoke cigarettes and have other habits that clean and well-disciplined young lads should not be tempeted with.

4. Proper clothing; restriction as to late hours, whether parties, places of amusement or what not, the child prior to adolescence should be well managed, then with the discipline of the preceding years he will need less and less watchfulness.

A very sensible physician writes in the *New York Tribune* as follows: "I abominate night parties for children. I believe every physician does. It is not so much the exposure and the eating in the night, and the bad associations formed (of a high-toned sort, possibly) but the breaking into the sleep habit. Equally bad is it for children to study in the evening. It gorges their brains with blood, and if they sleep they dream. I had a little patient of 12 years, who was wasted and nervous, and whose dreams were filled with his problems. It was a marvel and pride to his parents, that the youngster worked out hard problems in his sleep, such as he failed to master when awake. But he came near his final problem. I locked up his books at 4 o'clock. He must not touch one after his supper. He must play and romp, and then go to bed. He is now robust. You can not emphasize too strongly the mischief of children's night study."—*Times,* Dec., 1887.

5. And last, but not least, the age and period of adolescence needs good advice and attention as to the relation the sexes sustain to each other, and, delicate though it be, it is really essential and should not be neglected. The duty of every mother is plain in this respect. And so also it is on the paternal side. Suitable literature can be placed in the hands of the adolescent youth and suitable explanations made. A proper hygienic journal or magazine may well be in every household.

Trusting you will excuse the meagerness of my paper compared to the importance of the subject, which is indeed mementous and in need of reform, if we in the future maintain and excel, even, the reputation we have had in the past.

The hope of a nation, says a writer, is in its youth. And let us inspire them with the great responsibilities resting upon them.

INFANTILE COLIC.

ELOISE GROSENBAUGH FOLTZ, M. D., PERRY, IOWA.

There is probably nothing more distressing to a mother, that receives as little sympathy and consideration from the average physician, as infantile colic. The fact that the little victim is often plump and well nourished leads the doctor to trust to nature and time to correct any existing wrongs. What one of you has not been confronted by a pale, nervous worn-out mother with, "Doctor, this baby has cried for six weeks day and night, and they tell me it will probably cry for six weeks longer. Can't anything be done for it?"

Let us bear in mind that while colic may be a slight indisposition, the result of a chilled surface, it is usually a symptom of indigestion, the neglect of which may be the foundation for much future suffering, and as the trouble so often originates the first few days of the infant's life, we must impress upon the minds of the mother and nurse the importance of baby's treatment during this time.

Instruct them that at birth mother's breast contains nature's laxative for her infant, and if possible, baby should be placed to the breast within an hour after birth and at regular intervals of two or three hours thereafter, that nature will usually provide nourishment when the proper time arrives for it, which is about the third day, and that during this interval all teas, artificial feeding, dopes, everything with the exception of a little water, should be tabooed.

But if the newborn cries, wouldn't you give it some catnip or sweetened cracker water or paregoric? No, a thousand times, no. All healthy babies cry some. It is good for them. It increases their breathing capacity. Better even cry a couple of days for food that is not intended for them than to cry for three months from indigestion and colic which such food may cause. If there should appear good reasons for feeding before the mother's milk is sufficient, let it be cream one part to eight or ten parts of water, without sweetening. Insist on regularity of nursing, during the first month, every two hours in the daytime, with two night feedings. Let the feedings occupy from ten to twenty minutes' time.

Yes, waken the baby to make it regular in its habits; you won't have to do so often. Too long intervals lessen the flow of milk and also diminishes its richness, and besides the baby gets too hungry and overloads its stomach.

Keep the infant warm in bed with only necessary attention and

occasional change of position and little trouble will be experienced. When artificial feeding must be resorted to, numerous avenues of digestive troubles are opened. Most authorities agree that modified cow's milk from a herd is the best artificial food. Here we must study the proportion of proteids, fats, and sugars to make them approach as nearly as possible to mother's milk.

Holt says that most of the colic in infants is due to an excess of proteids in food, or that these are digested with difficulty. This is shown by cheesy curds in the passages. In the first instance, lessen the proteids by using less milk. In the second, obtain the proteid from a vegetable source, or goat's milk, or condensed milk, and use a powder of one grain of lactopeptine half an hour after feeding, three times daily.

Colic may be caused by an excess of sugar, as shown by green, acid, irritating passages. Use milk sugar and flush the colon once or twice daily with a soft rubber catheter, attached to a fountain syringe. Bowels must be kept regular. For this I prefer magnesia or Rochelle salts, avoiding elixirs and syrups.

A preparation which I have used with the best success in persistent cases of colic is made of the following constituents: Potassium bicarbonate, tr. asafetida, aqua camphora, aqua mentha. To these I sometimes add from one-half to one dram of tr. opii camph.

A CASE OF GASOLINE POISONING.

OTIS B. NESBIT, M. D., VALPARAISO, INDIANA.

I had just finished reading an excellent article on "Poisoning by Coal Oil," by Prof. H. W. Felter, in the September (1904) Eclectic Medical Journal, when my telephone rang and Prof. H. M. Appleman, an instructor in the Valparaiso University, was an anxious inquirer about his son, Leo's, welfare. He said he had drunk some gasoline about three hours before, that they had given an emetic, a cathartic dose of castor oil, but he was still in pain and that his temperature was increasing. I went up and found his temperature 102 deg., pulse 130 deg., and the boy crying with pain. I ordered a milk diet, water ad libitum, and gave anodynes for pain. Left a mixture of digitalis and whiskey for stimulation if needed, but its use was not required. I asked the father to notice the symptoms carefully and furnish them in writing, which he did, as follows:

"Leo Appleman, aged 2 years. The child took, perhaps, two tablespoonfuls of gasoline about 4 o'clock p. m. He immediately began to scream and jump, as if in great pain. This was followed by spells of choking and coughing, which lasted about five minutes. He was taken out into the fresh air meanwhile, and he belched considerable gas, bearing a strong odor of gasoline. The coughing continued for some time, but not so frequent or violent. Emetics were given. Then a physic of oil was given, and about 7 o'clock the child went to sleep; a fever had come on, however, and this lasted nearly all night. He was in much pain, as was indicated by his moaning at each expiration, and his restlessness. The mouth and throat were inflamed the next day; the odor of the oil could be detected on the breath and from the stool. There was no fever to mention, but it was evident that there was soreness in the stomach and bowels. He did not care to eat much and he was about three days getting back to his normal condition."

I can now clearly understand the gastro-intestinal symptoms being present in several cases of tonsilitis that I have been called to treat, where coal oil had been administered internally, even in moderate doses.

DEPARTMENT OF SURGERY

SPINAL INJURIES AND TREATMENT.

BY PEARL HALE-TATMAN, M. D.

Fractures of the vertebræ are serious injuries because of the danger of compression, laceration or contusion of the cord. The results of such are far reaching. Among the important points are paralysis of both sensory and motor nerves and loss of the control of the bladder and rectum. The full extent of the injury can only be summed up by the location and complications. If it should occur in the cervical region it is much more serious than in that of the lumbar or lower dorsal. A fracture or luxation of the axis or atlas may prove fatal instantaneously, or the patient may linger for hours or even days.

Among the serious complications of fractures of the cervical vertebræ may be the laceration or injury of the vertebral artery; or paralysis of the centers of respiration may occur, owing to shock to the medulla oblongata or phrenic nerve. If the first or second dorsal vertebræ is injured, only a portion of the brachial plexus may be involved; consequently paralysis of the upper extremities is incomplete. If the lower cervical is the seat of injury, the whole brachial plexus is affected and complete paralysis of the arms, both sensory and motor, results.

Breathing is interfered with, especially expiration, and the voice is weak or may be entirely lost. If the dorsal region is involved, the lower chest and abdominal muscles will have a constricted feeling; both stomach and abdomen may be greatly distended by gas and congestion of the lungs or pneumonia may prove a serious complication and result in death. An injury at any point between the lower dorsal and second lumbar will cause paralysis to the parts to which these nerves are distributed, and parts supplied by the sacral plexus will cause disturbance to the lower limbs and bladder, causing the latter to lose its expulsive power. The bowels act involuntarily and bed sores usually result.

The three lower lumbar vertebræ being below the terminus of the cord, the injury here is not so great, although the quada equina may be impaired, causing some disturbances for a time. I had a

case of this kind recently, where the lower lumbar vertebræ were fractured by the patient being thrown from a horse, causing temporary paralysis. The patient has now fully recovered, having re- and bed sores usually result.

The long train of symptoms following these injuries are numerous, and as the location of injury has much to do with the prognosis, should the injury be in the upper dorsal or cervical, we should be very guarded, as a fracture or dislocation in the upper region of the spine may prove fatal from compression or shock. When the fracture is compound, fragments may be felt by the finger or probe, either being used with great care and strictly aseptic.

The symptoms common to all fractures of the spinal column are more or less paralysis of motion or sensation, or both. The seat of injury is painful to the touch and there may be evidence of displacement of the bodies of the vertebræ or fractures of the spinous or transverse process. Compression of the cord may result from a dislocated vertebræ or from the fragments of a fractured one. Shock to the cord may occur, caused by excessive capillary hemorrhage or laceration of the cord, or vaso motor disturbance. In case of shock, symptoms may occur immediately, such as nausea, vomiting, cold perspiration or syncope, followed by numbness, tingling or even paralysis of either the upper or lower part of the body, according to the location of injury.

To reduce a fractured or dislocated vertebræ, if it is possible to do so, requires great caution, as much harm, or even death, may result by the fragments lacerating some important structure.

As to the treatment of spinal injuries, it will depend on the location and condition, but one thing always necessary in lesions of this kind is to reduce the luxation of fracture, if possible to do so without killing the patient or making him worse. The next point is to immobolize it and make the patient as comfortable as possible under the circumstances, enjoining perfect rest and quiet. Opiates may be given very judiciously, if at all. The principal thing is to get the proper pressure and extension and counter extension, as the comfort of the patient, also the final results depend on this. Indicated nerve sedatives may be given, and also remedies to favor free elimination and absorption if any effusion exists. If sugar appears in the urine, which is usually the result of injury or shock to cord, papain should be given three or four times a day until the sugar

disappears. I have not known of any one contracting the opium habit from the use of papain in diabetes.

The material used in dressing a recent spinal injury will depend on the location and extent of the difficulty; but one thing must be borne in mind if there is any contusion or abraded surfaces,—perfect asepsis must be employed.

The surgeon should devise an apparatus to suit the individual case, care being taken to give as much support as possible and proper pressure. In this point there is little difference whether it is a fracture or dislocation, except in getting the fragments in apposition or reducing the dislocation; the after treatment is the same in either case, immobilization and rest and plenty of extension, as in this point you can not well overdo the matter. This rule must be carried out regardless of whether it is a lateral, posterior or anterior injury, the pressure being modified to suit the case, because if in the wrong direction it will do more harm than good. Plaster paris may be used temporarily if there is nothing better at hand. The paper splint or jacket is light-weight and durable, but should be perforated well to allow ventilation, as the parts perspire freely under the paper splint if not perforated.

The shellac splint may be used to good advantage, as when warmed it can be moulded and fitted well to the parts. There should be a special bed or apparatus for the patient. This should be arranged with a head-piece projecting from above, on which a jury mast may be attached to suspend the patient's head, as the spine should always be relieved of the weight of the head in any case of severe injury. Also hyper and counter extension is necessary, as this not only induces the patient's comfort but also aids materially in the final recovery.

The physician who undertakes this class of practice should have an unlimited amount of patience, as the time may vary from months to even years before the patient fully recovers, if recovery is at all possible. My patients suffering from spinal injuries (except in a very few cases) have usually come into my hands a considerable time after the injury. Some of them were somewhat deformed. If they are able to bear it, I usually suspend them in Sayer's apparatus, which should be carefully done, and especially in letting them down very gradually, as when taking them off the stretch too suddenly the slightest jar may do more harm than the stretching will have done good. I also use electricity. As soon as the patient can be

suspended from seven to ten minutes, I do them up in a plaster jacket and repeat this from once to twice each week. I find it aids greatly in straightening and strengthening the spine. If the jacket is light weight, with fasteners down the front, it may be worn for a time each day, enabling the patient to handle himself better and possibly move around. I continue the plaster jacket as long as there is any advantage gained, and also suspend the patient a few minutes each day, which makes him decidedly more comfortable. Then I either have a paper jacket made or have my instrument maker make a steel brace to suit my case. I make my own model and therefore do not have any trouble in getting a perfect fit. I first make a jacket while the patient is suspended. I cut this down the front, remove it carefully and put it together with a roller bandage. After it dries, I thoroughly grease it inside and fill it with a mortar of plaster of paris. After this sets I open it down the front and remove the cast, leaving my model, in which I make a pencil sketch of the instrument required.

When I use Hawk's paper jacket, I have it perforated; then I find it serves an excellent purpose as it is both light-weight and durable and adds to the comfort of the patient as well as giving perfect support. As to routine medication, a preparation of phosphorized glycerine and extract of malt and pepsin will prove beneficial in some cases. I also make use of Schuessler's calcarea phos, as this is specifically indicated after the fragments are placed in apposition. Union will take place much more readily under this treatment.

NECROSIS OF THE FEMUR, WITH RECOVERY.

J. R. BORLAND, M. D., FRANKLIN, PENNSYLVANIA.

Twenty years ago, on the evening of June 9th, a physician of our city called on me and said: "I want you to go with me and see John Q."

I said, "John Q. is dead."

He said, "No, he is not; and I believe something should be done for him."

I said, "Well, four doctors have been to see him, and said, three weeks ago, that there was no hope for him—that he would surely die!" This fifth doctor was called as a *dernier resort,* but would not take charge of the case till I had seen him. As the place was

near, I went, and found the patient, who was thirty-two years of age, prone on his back, in which position he had lain for three weeks, face flushed, and "red as a beet."

The history of the case was about this: Previous to this sickness he had been healthy. The previous February he had an attack of malarial fever, during which pneumonia set in, involving the left lung. He had quite recovered from this when osteitis set in, with severe pain and swelling of the right thigh, the pain increasing and the swelling gradually involving the whole limb. During this time, his medical attendant called three other physicians, and after consultation, they decided that there was pus in the limb and made an incision on the inner aspect of the thigh, but failed to get pus. They then ordered poultices applied, and, in a few days, the abscess began to point on the outer aspect of the thigh, where they made a free incision, in which, by inserting the finger, they could feel the roughened surface of the bone, and said: "It is honeycombed." A large amount of pus was evacuated and the cavity washed out.

We made a careful examination of the patient. He was feverish, pulse 100, full and strong; temperature 102 degrees; face flushed; tongue brown, base red. Bowels had not acted for eight days, and a weight was attached to the limb to prevent shortening. Patient could not be moved without causing intense pain. Treatment during last two weeks was quinine and whisky, and morphine to relieve pain.

The doctor asked me what I thought in regard to the prognosis. I said, "If the hip joint is not involved, there is a chance of recovery, but there can be no doubt that caries is going on in the femur. At best, it is a forlorn hope." We concluded to run the risk, and took charge of the case. The first thing to be done was to secure a free action of the bowels. We ordered the former treatment discontinued, and gave him antibilious physic and cream of tartar—the first two parts and the second one part, a teaspoonful every four hours till bowels were well moved.

The next morning we called and found the cathartic had acted nicely. I said to the attendant, "Take off that weight; one had better get well with a short leg than die with a long one." We pressed the pus out of the abscess, then washed it out with a solution of borax and tr. baptisia. Gave veratrum and gelsemium for the fever and syr. trifolium comp. to head off blood dyscrasia. The limb was

bathed with a solution of bicarb. of soda or weak lye twice a day. After the weight was removed the pain was much relieved and no more morphine was needed, and in a few days we were enabled to turn him on his side, where we found a bed-sore as large as the palm of the hand over the region of the sacrum. This annoying complication had to be looked after. It was cleansed, dusted with iodoform and dressed with mild zinc ointment twice or thrice a day till well. The abscess was irrigated and washed out by means of a rubber catheter with syringe twice a day with various remedies, among which peroxide of hydrogen diluted was frequently used; and eventually a roller bandage was applied after each washing, in order to compress the abscess cavity.

The treatment here outlined, with some variations, was continued till the first of November, when the abscess was healed, and the patient was able to go about on crutches. He was not able to walk on the limb till about the middle of January. He then took charge of a billiard hall. A year or so later he fell against something which struck the limb where the opening had been and caused another abscess. It proved to be superficial, and a few injections of a solution of the iodide of patassium stopped it. For several years he has been engaged at work in an oil refinery and is in good health. The limb is nearly an inch short.

I wish to emphasize one especial point in this case,—that is *the free opening made* before we were called, by which we were enabled to properly treat the abscess. Had the opening been made and the pus evacuated earlier, caries might have been averted.

Osteitis of the femur or any large bone pathologically is somewhat similar to a felon which occurs on the finger from inflammation of the periosteum. I have treated many felons (whitlows), and in case I get them in the early stage I make a puncture (not a free incision) down to the bone, when a little pus, not more in some cases than the size of a pinhead, can be pressed out of the opening. I order fat bacon applied and *in three days it is well.* By this method the inflammation subsides, and there is no destruction of bone. The free incision that surgeons formerly made is execrable,—always harmful. Poulticing in such cases is injurious, and, by a parity of reasoning, injurious in all cases of periostitis. In all such cases, when the existence of pus is diagnosed, an incision or puncture should be made and the pus evacuated.

REMARKS ON GENITO-URINARY SURGERY.

G. ALLISON HINTON, M. D., HOT SPRINGS, ARKANSAS.

I am not going to take up your time with a lengthy discussion on external urethrotomies,—suprapubic cystotomies, or the various operations, but am going to give you my experience in Hot Springs, Ark., where this class of cases, and these patients, gather from all over the world, and try to impress upon you the importance of a few minor points that have been sadly neglected.

I want to ask how many of you, when a patient comes in and says he has the clap or gleet, do anything but look at the penis and say, "Yes, you have the clap," or "You have the gleet," and prescribe for him. I have seen doctors who didn't even look at the penis or carefully examine to see what produced the discharge, whether it was from chancroid or chanchre in the meatus or from some strong injection he had used. Besides, nine out of ten I examine have such a small and constricted meatus that they cannot empty the bladder thoroughly. I don't wonder they have ulcerated spots, strictures and enlarged prostate glands. Gentlemen, let me insist on your first making a thorough examination, and then on opening the meatus,—not so much that the patient will think he has a sprinkler instead of a penis, or so he will curse you every time he goes to urinate because the urine flies all over his clothes and spots his nicely polished shoes, but enough so you can treat his case intelligently, and after you have opened the urethra properly and have the discharge under control, dilate the urethra thoroughly; not just pass one or two sounds, but be sure you have dilated it to its fullest capacity; and don't do as I have seen some doctors do, quit dilating because they find a very sensitive urethra and mistake a spasm of the urethra for a complete dilation. Why do our specialists make such great success in this work? Simply because they examine the penis thoroughly, they examine the urethra thoroughly, and they thoroughly dilate.

Why do I see so many of these neglected cases in Hot Springs? Echo answers. Again, how many men have I seen crippled for life, and their troubles made ten times worse by doctors cutting strictures in the soft urethra; and I have seen some where the urethral tract was opened from the triangular ligament to the meatus. Gentlemen, that is butchery. If you have to cut one, cut the stricture,

and that in one place, and be sure you cut entirely through it or you will only make it worse. I have seen some doctors cut the stricture in several places, which makes more cicatrix and consequently more stricture.

Now I want to say a few words about sounds. They cost but little and will last a lifetime, and no trouble to keep them aseptic. Any doctor that even attempts to treat the urethra should have at least three different shaped sounds, for if we would only stop and think a minute none of us would try to pass a sound on a man who had an enlarged prostate unless the sound had a prostatic curve, as we all know the results if we irritate the prostate; and none of us would pass a sound that we would have to force if we could pass another shape easily. Gentlemen, let me beg of you to take more time with this class of cases and treat them scientifically.

ECTOPOTOMY.

E. H. STEVENSON, M. D., FORT SMITH, ARK.

Ectopotomy is the operation by which a fetus conceived and developed without the uterine cavity and primarily within the cornua, fallopian tube, or broad ligament ovary or abdominal cavity, secondarily, is removed. The condition which demands such operative procedure is termed ectopic gestation. Extra-uterine pregnancy was described by Israel Spach as early as 1597. He is quoted as having dedicated to a lithopedion which he regarded as a reversion, the following curious epigram, in allusion to the classical myth that after the flood the world was repopulated by two survivors, Deucalion and Pyreha, walking over the earth and casting behind them stones which, on striking the earth, became people. Roughly translated from the Latin this epigram reads as follows: "Deucalion cast stones behind him and thus fashioned our tender race from the hard marble. How comes it now-a-days, by a reversal of things, the tender body of a little babe has limbs nearer akin to stone?"

This calcified fetation was mentioned and discussed as a curiosity without assigning a rational cause for its occurrence. And to this day the question as to the exact point at which fecundation occurs seems undetermined. I am of the opinion that it occurs at any point between the ostium uteri and the rupturing Graffian vescicle or ovi-sac on the ovarian surface. The result being altogether

due to the energy and industry of the wayward spermatozoon on its serpentine journey over waving fields of ciliated epithelium to meet, and with seductive embrace fructify, the oncoming ovum and organize into a human life their mutually dependent factors. If just within the ostium internum coalescence occurs, a troublesome placenta previa will result to worry the obstetrician and perhaps suddenly to dispose of the lives of both mother and child through the floodgates of venous hemorrhage. If at the fundus or upon the uterine wall, the usual natural and happy termination may be expected. If beyond the cornu, all the evils, resulting complications and fatalities are to be anticipated and averted if possible.

When in course of development a rupturing tube, membrane or sack permits the escape of an embryo or fetus into the peritoneal envelope, there are forces which operate to care for the unnatural intrusion. Up to the end of the second month a wise provision for absorption is found. After that period mummification, calcification, a conversion into adipocere or decomposition supervenes. The mummified fetus is not unlike that which occurs to bodies in high, dry and light atmospheres, so pure that decomposition is prevented, the specimen having a shriveled appearance. In other instances the fatty elements are converted into adipocere or into ammoniacal soap in the presence of ammonia formed by the decomposition of the tissues.

Either the mummified or adipocere fetus may undergo further change to partial or complete calcification, and when the latter transformation is complete the fetus becomes a lithopedion. By close contact with some portion of the intestinal tract there may occur migratory infection from germs which infect the colon, or the staphylococcus pyogenes aupen, or streptococcus pyogenes may have lain latent from a previous tubal abscess to wake up in order that further mischief be provoked in this unfortunate development. Through such a medium the discharge of the fetus through the rectum, vagina or abdominal wall may be effected through suppurating or abscessing effort.

When from violent shock accompanied by intense pain and symptoms of collapse the physician is admonished that rupture has occurred and the patient's life is in jeopardy, or declining health bears evidence that her natural resources have been overtaxed or are inadequate to the emergency, the physician's aid is demanded and the most practical, decisive and speedy method for relieving

the situation and saving life is to be promptly executed. This consists in as rapid preparation for removal by celiotomy as safety and strict asepsis will permit,—sterile water, sterile towels, hands, instruments and dressing. The floor is to be wet with carbolized or bichloride solutions, improvised operating table covered with quilts or blankets, and fresh laundered sheet on top of all, for the patient, whose abdomen and genitals should be shaved, scrubbed and treated with bi-chloride, followed by normal salt solution, ether and alcohol, then protected by cloths previously rinsed from bi-chloride or normal salt solution. After anæsthesia is complete the abdomen should be opened and the mass removed, care being exercised in leaving nothing in the nature of shreds or blood clots. Indeed, it is well to flush the cavity with normal saline solution at 98½° to 100° Fahr. until it returns perfectly clear. If the attachment is by pedicle, that would previously require a good ligature, one or more as its size demands. If by separation of placental attachment, all bleeding points must be secured and the traumatic surface closed in by suturing neighboring peritoneal margins, carefully drawing them together so as to completely hood all raw surface. Then close the abdominal incision, first with a continuous catgut suture for the peritoneum, then interrupted sutures for the muscles and fascia and a continuous interdermal for the skin, covering the wound with iodoform, iodosil, boracic or salicylic acid, sterile gauze, cotton and bandage.

The following rather remarkable case consulted me in August, 1904. She had conceived about eighteen months prior to her visit to my office. A development occurred simulating pregnancy to about the end of the sixth month, when there was a cessation of the growth. In fact, for the next twelve months there was a gradual lessening in the volume of the abdomino-pelvic contents, and some decline in the general health of the patient, but without appreciable symptoms of septic infection. Another physician whom she had consulted diagnosed "ectopic gestation," another an "ovarian cyst." At the time of my examination the abdominal walls were thin. Having obtained the full history of the case, with but slight difficulty, and by bi-manual examination, a satisfactory outline of the fetus and disconnected uterus of almost natural size was traced and the diagnosis was clear. On August 24, assisted by Drs. Eugene Stevenson and E. M. Rockwood, I demoved, through an abdominal incision four inches in length, in the median line between the symphysis and

umbilicus, a fetus of at least five months' growth. The conception had occurred in the right tube, a placenta being attached so near the uterus as to render its separation quite difficult. The membranes had remained intact, but the tube had been practically destroyed by absorption and gradual distention. The stump, or surface, from which the placenta was removed, was secured by deep sutures which were made to strangle bleeding vessels, then brushed over with pure carbolic acid followed by alcohol, and after drying with a gauze sponge, was dropped back and the wound in the abdominal wall closed with catgut sutures. The unusual feature was in carrying a dead fetus in the abdominal cavity twelve months without serious results. There was no decomposition, consequently no septicemia. The lessening in volume had been due to the mummification, and the gradual absorption of the liquor amnii which was found to have entirely disappeared, not more than two or three drachms escaping when the membranous envelope was ruptured. The recovery was uneventful, and the patient returned to her home well at the expiration of the third week. Several cases are on record where the products of extra-uterine conception have been carried in the abdominal cavity for ten or fifteen years. One case is reported of a fifty-four years' retention without giving rise to serious trouble.

DISCUSSION OF DR. STEVENSON'S PAPER.

DR. YOUNG—We meet frequently with queer things of all kinds in practice. Last spring I had what is called the delivery of a girl about sixteen years old. This was a negro girl; I am from the South, and we have that class to contend with. When she was to be delivered I was sent for. Before I got there an old midwife had had the case some thirty-six hours. I found the head pressing deep down on the floor of the pelvic cavity. I tried a number of times to introduce the forceps,—I found soon after arrival that the case was one of instrumental delivery. That head was jammed down in the pelvis until you could not move it. I introduced the forceps; they would not lock. I then slit the skull with a perforator, and tore down the brain and fished it out with my hands and fingers until I could get that head reduced enough to get at it. I finally delivered the head. After I had got that brain broken down it wasn't much trouble to introduce my short forceps and lock them together, and with the old granny to give chloroform, we delivered the dead child. I thought the negress would be dead, too, but she got over it and got well.

DR. ABBOTT—I am interested in the paper. I will add one or

two,—to me, and I think you,—new points. A year ago I was called upon as medical adviser to outline the defense in the only murder trial in the state of Maine during the year for abortion. I there established to the satisfaction at least of the Supreme Court of Maine what may be to you a new definition of the term abortion, viz., that abortion is the interruption of pregnancy with or without the discharge of the fetus or uterine contents. In this case we proved to the satisfaction at least of the jury that fetal life was interrupted at about the third month of pregnancy. The fetus was retained in utero for about three months and then expelled. That is generally called abortion when the expulsion comes. It is abortion when the pregnancy is interrupted. This fetus was retained three months and then expelled as a macerated fetus. The abortion was produced by oxalic acid. The person accused, no matter what he had done, had not destroyed life, as the child was dead away back before the patient came under his purview. He was not guilty.

I bring before you these two new thoughts, as given by the latest and best authorities,—first, that oxalic acid is an abortifacient; that abortion occurs at the death of the fetus, no matter whether retained six months or forty years, in which case it would be a lithopedion. This proof saved one man from a term for life in state's prison, based particularly upon the retention of the fetus as narrated as among the queer cases in obstetrics.

Dr. Brown—A case came to my observation one year that perhaps would appeal to some as an unusual one. The case was that of a woman at forty-two years of age becoming pregnant, a washwoman by occupation and keeping a good man. She carried this fetus until maturity; had regular expulsive pains and sent for a physician. She felt a rupture; the physician told her to inform him if she felt any further pains. She was not delivered. At forty-nine years of age, seven years later, she became an invalid and I was called on the case and found a tumor in the lower abdomen, occupying a horizontal, a vertical position in the region of the groin. I advised an operation to relieve her, as she had been in bed for nine or ten weeks. We took her up and put her on the table and found encapsulated there among the intestines and adhering to them the remains of the fetus, which it proved to be at post mortem. The child had gone the full term. The interior of the skull was calcified, the soft parts were macerated; it was odorless, and the only thing abnormal that brought about her death was that she had maintained a

husband in good circumstances from the time she was forty-two until forty-nine and carried that buried fetus the whole time.

A QUEER EXPERIENCE WITH A MUTILATED PENIS.

DR. A. B. YOUNG, M. D., BROWNSVILLE, TENN.

At six o'clock a. m., on June 7th, 1905, I received an urgent call over the telephone to come to see a patient at a saw-mill some six or eight miles in the country. On answering the telephone call, I was told that the speaker, one Charles M., at the 'phone, wanted to see me and requested that I come as quickly as possible. I asked him if he had the colic and he answered no. I again asked if he was very sick, and he again replied no, that he was not particularly sick, and without telling me the cause of his distress, he only said that he wished that I would come as quick as I could. Not wishing to argue the question further with him, as he seemed so much averse to telling me the nature of his case, I told him that I would come as soon as I could get ready and that I would lose as little time as possible. Thinking that the man was probably unnecessarily alarmed over some trivial matter, which every physician has witnessed in his practice, and breakfast being about ready, I decided to eat before going. After having my breakfast and my horse and buggy being in waiting, I hurried off, and having to go by my office on the way, I stopped there, thinking but for a minute, but I was detained half an hour or more by several callers; and it taking me an hour to drive the distance, it was two hours or more after receiving the telephone message before I reached the mill. On arriving at the mill, I found everything there running smoothly along, all hands being busily engaged at their work, and no one seemed to be hurt or sick. When I drove up, the sawyer left his lever and came out to my buggy to inquire what I wanted. I asked him who was sick there, and he replied, no one that he knew of. I then asked him where Mr. M. was, and he told me that he thought he was over at the office. I asked if he were not sick and he said, not that he knew of. I then asked what was the matter with Mr. M., and he replied that there was nothing at all the matter with Mr. M., nor with anybody else there, so far as he knew, at the same time telling me that if Mr. M. had telephoned for me, it might be well enough for me to call at the office or house and see what he wanted. I told him all right, that I would go over and claim my visit on him, anyway. Arriving at the

office or house, I found it to be a double-room box cabin, with two small windows and two doors, furnished with a desk, table, telephone, some chairs and several beds and cots, such as saw-mill men usually have in their sleeping apartments. There was only one person in the house when I arrived there,—a young white man about 24 years old, tall, slender, well formed and rather handsome, but withal very modest, who sat on the side of a bed, picking away on an old banjo. I asked if that was Mr. M., and he replied that it was. I then asked if he had telephoned me to come to see him, and he answered yes. I asked how he felt, and he said that he felt some better than he did when he telephoned me.

"Glad to know it," said I, "and what is your trouble and what can I do for you?"

He said that he had accidently stuck a pin in his penis.

"Did you get the pin out?" I asked.

He said, "Yes."

I, thinking him worse scared than hurt, and to appease his fright, began trying to assure him that all would soon be well, before making an examination of this much-prized organ. But the patient said:

"Oh, Doctor! you don't know how badly I am hurt. I nearly bled to death!"

He also said that he had started to walk to town, but got so faint and sick from the loss of blood that he had to return to the house and lie down. I then noticed that his pants were saturated with blood, and he having changed his clothing to go to town, the blood had about ruined his best trousers. I asked how this accident had occurred. He told me that when he got up out of bed that morning, having overslept himself, and seeing that he would be late getting to his work at the mill, he grabbed his overalls, a pair of long pants with an apron attached, extending well up under the chin, in which were sticking two scarf pins with long brass shanks measuring two and one-half or three inches. In endeavoring to dress himself as quickly as possible, he got his feet tangled up in his pants and stumbled and fell, the two pins in the apron of his overalls coming in contact with his penis, rent that organ "fore and aft." Upon examination, I found the penile appendix mangled in a most frightful manner, and the poor fellow's underwear and trousers were thoroughly saturated with blood, from crotch to foot. The flow of blood, however, had staunched before I arrived. One of the pins stuck in the penis at about the middle of the right side and plowed

deep into the rectus penis muscle, almost, but not quite, penetrating the urethra, pointing downward and inward, in close proximity to the urethra. The pin tore its way through skin, superficial and deep fascias and muscles, splitting the penis from the point of entrance to the end of that organ, including the glans penis, and a very long prepuce. The other pin struck the penis on the top or outer fore part, at a point near the corona glandis, taking a diagonal course forward and to the left, penetrating the foreskin, and piercing the corona glandis, it split the glans penis and prepuce on out to the end, as the first pin had done, though in a diagonal direction. The cuts and mutilated parts were filled with coagulated blood, and from the patient's lying on his back much blood had gravitated toward his body and around the root of the organ, which had become dark and coagulated.

After getting a young man from the mill to assist and wait on me, I set about cleaning out, trimming off and patching up the torn tissues. Being called to see this case unaware of what I had to treat, I only had with me such instruments and materials as I usually carry in a pouch or pocket of my medicine case, viz., a small pair of artery forceps, scissors, bistoury, needles, silk ligatures, thread, etc. Having cleansed out the blood clots, washing the parts out well with a hot saline solution and using a solution of Lloyd's asepsin as an antiseptic, I took up the muscular fascia in the long cut, using over and over sutures of fine silk, bringing the edges of the gaping muscles together up to the corona glandis, then sewing up the skin in like manner over this, up to the glans penis, and then with bistoury and scissors I amputated the torn and mangled prepuce and united the edges of the skin and mucous membrane, using the over and over silk sutures, just as you would treat an ordinary circumcision. I then brought the edges of the diagonal wound of the corona and glans in proximity, by a number of silk sutures, and the operation was completed by applying some small pads wet with the asepsin solution, covering the whole with a suitable bandage.

The young man was very anxious to know how long it would take to cure him, and when I learned through my assistant that he was to get married in a couple of months, I told the patient that he would be about well in two weeks, but that by the end of two months he would be entirely well.

The patient came to my office the following day after the operation, and every other day thereafter, for renewal dressings of his

wounded member. I used a solution of carbolic acid in washing the wound and strips of iodoform gauze over the glans penis, and wrapped aroung the sutured edges of skin and mucous membrane back of the corona glandis, wrapped the penis in absorbent cotton and applied a small roller bandage, and to prevent the dressing from coming off, I applied several strips of rubber adhesive plaster, attaching the alternate ends of the adhesive strips to the smoothly shaven mons veneris above and to the thighs on either side, the other ends of the plaster being stuck on to the bandage. I also gave the patient a solution of asepsin and Lloyd's echafolta, to be poured into the open end of the dressing occasionally to keep down sepsis and keep the dressing from becoming too dry.

Will state that the patient never had a rise of temperature, nor was there at any time any obnoxious odor, or the formation of a single drop of pus about the wound; and the wound being nicely healed, I discharged my patient in just two weeks after the operation, thereby making good my promise to him.

CARCINOMA OF THE PANCREAS.

J. J. LINK, M. D., ST. LOUIS, MO.

Although very little is known of the symptomatology, and no symptom is yet known which can be given as pathognomonic of carcinoma of the pancreas, I believe that it is a much commoner disease than is generally supposed.

By reason of the concealed position which this gland occupies in the abdominal cavity, and the very indistinct symptoms produced by carcinoma of the pancreas, an early diagnosis at this stage of our knowledge is almost impossible, and is rarely made. I deem it of importance for this reason that the symptoms and a history of all cases of carcinoma of the pancreas should be reported.

I have in my experience had a number of cases that ended fatally, suffering with conditions that I believe were primarily due to carcinoma of the pancreas; but such diagnosis I was unable to confirm, because opportunities for postmortem examinations did not prevail. In three of my cases, I had the good fortune of making postmortem examinations; and the histories and results of these cases, I beg to submit to the Surgical Section of this Association;

CASE 1.—Male, about forty-five years of age. Stated that he had digestive troubles for a number of years. About eight months previous to consulting me, he began to fail in health and strength very rapidly. He decreased in weight and complained of a heavy, dragging pain about the epigastric region, and he gradually began to lose his appetite. His skin took on a bronzed appearance, with a slight jaundiced color. Upon examination, I was able to palpate,

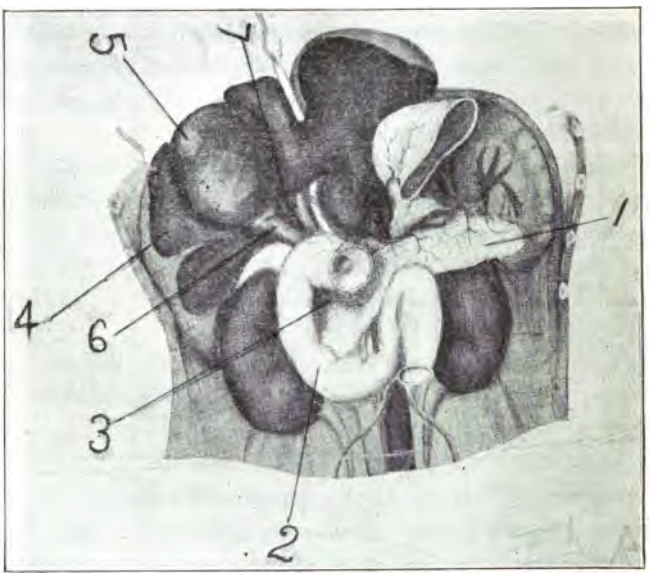


FIGURE A.

Portrays the pathological condition of case 2. 1 represents the pancreas; 2, the duodenum; 3, the portion of the head of the pancreas involved with carcinoma; 4, the right lobe of the liver; 5, the gall-bladder severely distended; 6, the cystic duct; 7, points to the hepatic duct. The common duct is not shown, being hidden by the duodenum, but it was also distended to the size of the duodenum. The hepatic and cystic ducts are also largely distended.

through the abdominal wall, a peculiar tumor in the right hypochondriac region, which seemed to be more or less fixed in this position. His health failed very rapidly and he died in about a year after these symptoms began to appear. A postmortem examination showed a malignant growth of the pancreas, chiefly about its head, involving the duodenum, and partially occluding the common duct.

CASE 2.—Male, about eighty-one years. I have known him for about fourteen years. He gave a history of having had more or

less trouble with his digestive organs. About three years previous to the present illness, he had a portion of his ear removed for carcinoma, which involved a portion of the skin posterior to the ear. He first began to complain of his present trouble with a heavy, dragging, dull pain, a little to the right of the median line and above the umbilicus, which gradually but steadily increased in severity, but never became very intense. A tumor was made out, which was in a fixed position about the region of the right lobe of the liver, or perhaps a little to the inner side. This patient became very deeply jaundiced and succumbed to the disease very gradually about eight months from the date of the first distinct symptoms. This patient was up and about the house almost to the last, being only constantly confined to his bed for about a week. After his death a postmortem revealed carcinoma of the pancreas, chiefly of the head, and so completely occluding the common bile duct as to cause a complete obstruction to the outflow of the bile, the common duct being distended to about an inch in diameter. (See Fig. A.)

CASE 3.—Male, five years of age; gave a history of having had some trouble with indigestion; stated that about twenty-five years previous to the last illness, he passed through a very severe attack of typhoid fever. After this attack he experienced more or less distress about the region of the liver. I found that the right kidney was abnormally mobile. He had more or less trouble with constipation. This patient was attacked with the most intense and excruciating pain one morning about six o'clock, after taking a drink of cold water; he had been in the habit of drinking a glass of cold water every morning. That morning before taking this drink of water, and for about two months previous, he had been enjoying good health, and stated that he felt as well as he ever did. The pain was located chiefly in the right hypochondriac region, radiating upwards and giving most intense pain in the right shoulder. I was hurriedly sent for; on arrival I found him lying on the left side with the thighs flexed. The pain was also experienced downwards to the right iliac region. Indeed, he thought he was taken with an attack of appendicitis. Palpation revealed a very tense and rigid condition of the muscles of the right side, especially in the region to the right of the median line and above the umbilicus. I excluded appendicitis at once, but the symptoms were almost typical of passing of gall stone. After some relief by means of a

hypodermic of morphine, he was induced to lie upon his back, but he began to weaken and within twenty-four hours from the time of the attack, he became entirely pulseless. By means of a hypodermoclysis of normal salt every four hours and strychnine sulph., and sparteine sulph. every two hours, we were enabled to restore his pulse to almost normal rate and volume, but his temperature went up, and about the fourth day ofter his acute attack, he gradually began to fail; all the pain disappeared without any more morphine.

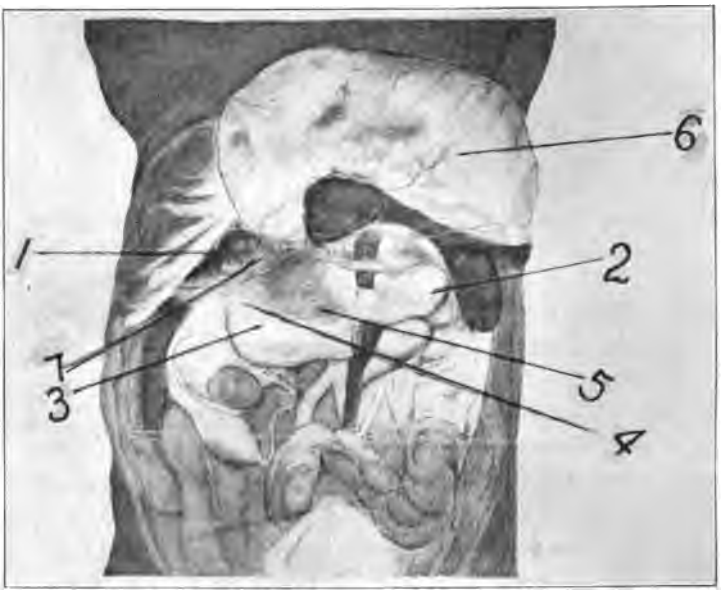


FIGURE B.

This is to portray the pathological condition of case 3. 1 shows the gall-bladder; 2 is the pancreas; 3, the duodenum; 4, that portion of the duodenum to which the malignancy has extended from the pancreas; 5, the head of the pancreas, which is carcinomatous; 6 is the stomach turned upward; 7 is the point at which the gall-bladder was adherent to the duodenum and where the perforation of the wall of the duodenum took place.

The morning of the fifth day he died. Postmortem revealed carcinoma of the head of the pancreas, involving the duodenum and gall bladder, as well as the mesocolon, and also showed a perforation of the duodenum. The perforation of the duodenum took place in that portion of the wall which was adherent to the gall bladder, hence the symptoms of pain in the gall bladder, resembling gallstone pain. (See Fig. B.)

It will be observed from the cases I have cited above, that the

symptoms of malignancy of the pancreas are very indefinite. The symptoms manifested were produced by the implication of the neighboring organs. Case 3 showed absolutely no symptoms of any abnormal condition of the pancreas before perforation of the duodenum took place; the patient had been traveling and about his business as usual.

On account of the icteric condition, which persisted and increased in severity in spite of the treatment, together with the location of the tumor, which was in a fixed position, a correct diagnosis was made in Case 2 during life. However, in most cases the best that can be hoped for is a postulatory diagnosis. The disease rarely occurs before middle life. It is said that the head is attacked six times to the tail once.

Treatment.—The treatment is altogether palliative. If it were possible to make an early diagnosis, an attempt might be made to remove the organ. Although it is stated that such an operation would prove physiologically disastrous, for the complete removal of the pancreas from lower animals is followed by diabetes.

Where the pathological condition is such as in Case 2, in which the outflow of bile is completely obstructed, considerable temporary relief has been obtained and life prolonged by the establishment of an opening between the gall bladder and duodenum (cholecystenterostomy) so as to permit the bile to flow into the intestines by way of the gall bladder. I would, however, prefer under such circumstances to perform cholecystenterostomy, in which the gall bladder is stitched to the abdominal wound and opened and the bile allowed to flow out. This operation is much less severe than the former, and the result in every way as good.

GYNECOLOGY AND OBSTETRICS.

CHRONIC INTESTINAL INDIGESTION, COMPLICATING A CASE OF DOUBLE OOPHORO-SALPINGECTOMY.

J. E. G. WADDINGTON, M. D., DETROIT, MICHIGAN.

Mrs. K., aet 25, German, short, medium weight, mother of two children, aet five and three years, respectively. Aborted at two months in April, 1904, for which she attended herself. Again aborted at six weeks in the following October, for which I curetted her, she making an uneventful recovery. At the curettage, I noticed she had an extremely bad stellate laceration of the os uteri, with considerable erosion. Periods usually regular but always more or less painful. I was again called to see her at 2 a. m. December 18, and found her suffering such excruciating pain that it was with great difficulty that I could make any examination. Pulse 100, temperature 99.5°. Pain localized over region of appendix and right ovary. Vaginal examination revealed more pain upon pressure directed against the right ovary than when directed immediately over the appendix, though the slightest pressure in either direction caused much increase in pain. Had been suffering some pain all day Saturday, which had become suddenly unbearable about an hour before my visit (Sunday). Attacks of retching were frequent. Bowels constipated. Last two periods had been considerably more painful than previous ones.

Diagnosed the case as an acute exacerbation of a chronic ovaritis, with a probable involvment of the appendix, and advised operation as soon as possible. Patient was removed during the day to Grace Hospital and thoroughly prepared for operation, the pain being kept in check with fomentations of hops and stramonium. The next morning, Dec. 19th, through a two-inch incision in the median line, I removed both ovaries, tubes and appendix, both ovaries being cystic and enlarged, the appendix slightly inflamed and adherent to the right ovary. A purse string suture of plain catgut was used to bury the appendical stump, No. 4 plain catgut to tie off the ovaries and tubes. The incision, which was quite deep owing to excess of adipose tissue, was closed in layers with plain catgut, the same being used for the skin sutures. Patient was returned, very little shocked, to her bed in less than an hour from the time

she left it. At 7 p. m. temperature was 98°, pulse 84; had urinated freely and voluntarily, retched slightly, was rational and resting fairly comfortable. At midnight her temperature was 96.8°, pulse 106 and weak. When I reached the hospital at 1:30 a. m. she showed marked symptoms of internal hemorrhage. Five minims of a solution of adrenalin chloride 1,2000 was given hypodermically, and repeated twice in ten-minute intervals. One minim of nux and five minims of tincture of capsicum were given in a teaspoonful of hot water every fifteen minutes.

Patient rapidly rallied, but then commenced to scream every minute or so, saying that it felt as if a knife were being thrust into her right lung. Wondering whether this were going to turn out a case of post-operative pneumonia, I watched the patient carefully and soon noticed that she was belching up considerable quantities of gas, especially after each dose of the nux and capsicum. She now informed me for the first time, that ever since the age of fourteen years when she contracted a habit of continually chewing black tea leaves, she had been troubled at varying intervals with attacks of gastro-intestinal indigestion, the attacks being so severe as to confine her to bed for several days, nothing but morphine having been found to ease the pain. I was now able to attribute the collapse and pain to pressure against the vital organs by gas in the gastro-intestinal tract. At 9 a. m. temperature was 100°, pulse 161; at 6 p. m. temperature was 100°, pulse 130, pain a little easier. The next day, Dec. 21st, during one of her attacks of pain, she tore off her abdominal bandage, completely exposing the wound. This I did not learn until so informed on the afternoon of Dec. 24th, when the temperature having suddenly risen from 100° to 102.4°, I examined the wound and found a stitch abscess. All skin sutures were removed and a wet dressing of borolyptol directed to be kept constantly applied over the wound. To relieve the gas turpentine stupes were also ordered applied to the entire abdomen. Despite daily free catharsis, turpentine enemas, turpentine, charcoal, caroid, capsicum, nux. vomica, aq. menth. pip., etc., per os, and the scantiest of light diet, the gas pains had abated but little. The turpentine stupes were used for several days with varying success, temperature running from 100° to 103°, pulse from 124 to 146, varying in a direct ratio with her pain.

Dec. 28th wound appeared entirely healed and in good condition; all nourishment per os was now stopped and nutritive enemas

given every four hours. The next day temperature dropped to 99.6° and never went above 100.4° until Dec. 31, when food per os was cautiously resumed. Her temperature from then on fluctuated from normal to 102° in exact ratio to pain fluctuations.

Jan. 5th, was able to be dressed and sit up; gas pains disturbed her occasionally, but otherwise felt all right. Two physicians besides myself now examined her carefully. Her temperature was 100°, pulse 110. Wound completely healed and not sensitive to ordinary pressure. Counsel believed that temperature was due solely to the gastro-intestinal indigestion and that time alone would relieve her. An abdominal bandage was prescribed and a capsule of ext. nucis. vom. gr. ½, capsicum gr. 1., caroid gr. 3½, ordered to be taken after meals. She went home that evening in the ambulance, she refusing to remain longer at the hospital.

Jan. 9th, 8 a. m., was hurriedly called to patient, who informed me that the previous evening she had noticed a little discharge from the wound, which through the night had become worse, until just an hour ago, when, as she phrased it, everything seemed to give away and the pus flooded through the abdominal bandage and night dress. Examination revealed the center of the wound gaping open to the depth of the cellular and fatty tissue, the muscle below appearing quite firm and well united. Temperature 100.4°, pulse 128.

At 11 o'clock that morning I had her upon the operating table at Grace Hospital. I opened the entire wound down to the recti muscles, which appeared healthy and firmly united, but at the top of the skin incision was an opening large enough to admit a grooved director which led away to the right through the rectus muscle downward and outward in the direction of the middle third of Poupart's ligament for a distance of at least two inches. This was carefully curetted, washed out and packed lightly with iodoform gauze, the whole skin incision being likewise packed with the gauze. Her temperature that evening was 98.4°, pulse 96. During the next two days her temperature did not go above 99.4°; she felt quite comfortable, had a good appetite and but slight gas pains. She was placed upon Eucalyptus and Echinacea MXX Aq. of each ten drops, with aqua camph. zss, this at a dose to be repeated every two hours. On the third day her temperature commenced to climb a little, so that by January 14th her temperature was 101.1° and the discharge of pus

quite profuse at each twelve-hour dressing, but owing to narrowness and position of the sinus, it did not drain well between dressings. I therefore again operated upon her. I carefully probed the sinus, which, as before mentioned, commenced at the top of the skin incision; through the right rectus muscle, half an inch from the median line, led downward and outward in the direction of the middle third of Poupart's ligament, then arching upward toward the abdominal wall. Believing that the sinus led to an abscess in abdominal cavity, I cut carefully down upon my probe, at the farther end of the sinus, about an inch from Poupart's ligament, splitting the muscles and cutting through the peritoneum, thereby releasing the point of my probe and a drachm of pus. The abscess cavity appeared to be well walled off from the rest of the abdominal cavity, and ran along through the fibres of the rectus muscle, then bending sharply down into the abdominal cavity and again bending up toward Poupart's ligament.

Not being absolutely certain as to how well this sinus was walled off from the rest of the abdomen, I used no douche but dry sponged and inserted with some difficulty a half-inch soft rubber drainage tube through the entire length of the sinus. That evening the temperature reached 102.6°, falling next morning to 100.8°, pulse 139. She had a typical Fanis Hippocratica, semi-irrational and complained of much pain. Examination of wound disclosed a profuse and foul smelling discharge of pus and fecal matter, emanating from each end of drainage tube. Directions were left to keep the wound as clean as possible by wet sponging, turpentine stupes to be kept constantly applied to the abdomen, whiskey and Sig. Beef peptonoids for nourishment, sp. tr. echinacea gtt. xx every two hours, though the case was considered practically a hopeless one. Her temperature reached 101.4°, pulse 130, that evening; there was considerable fecal discharge draining through the tube and she complained bitterly of pain which was confined entirely to the right side in the immediate region of the wound. Next morning temperature was 99°, pulse 126, she had taken some whiskey and liq. beef pepton, appeared more rational and pain not so severe, odor from the wound discharge was awful. I now prescribed the eucalyptus, echinacea and camphor mixture above given, the dose to be repeated every two hours, with nourishment as before, with addition of eggnog and buttermilk. Every twelve hours the wound was gently douched with normal saline solution. She steadily

improved. Jan. 17th her temperature dropped to 98.6° in the afternoon and up to Jan. 20th temperature ranged from 99.2° to 100.6°. Bowels would move freely after each dressing, due no doubt to the water entering the bowels through the wound; after each movement there would be a profuse thin fecal discharge from the wound, caused by the exertion during the bowel movement. Since taking the Eucalyptus mixture, the fecal odor was conspicuous by its entire absence; as were also the gas pains. She was taking considerable nourishment, consisting of liq. beef pepton, beef juice, whiskey, eggnogg and buttermilk, which left little residue, thereby giving the fecal fistula every chance to heal. We had now dispensed with the one large drainage tube and were using two small short ones, inserting one from each end of the sinus, not pushed too low down so as to give the fecal fistula, which was believed to be at the bottom of the wound, every chance to contract. The whole sinus and wound was douched every twelve hours with normal saline, the patient feeling greatly relieved after each dressing. It was noticed during these first days that the temperature would invariably rise if the dressing was delayed, just as invariably dropping after each douching.

The skin incision was kept packed with iodoform gauze and was filling in nicely. The next few days her temperature ranged from normal in the morning to 99° and 100° in the evening. Jan. 31st her temperature rose to 103°, due to an attack of acute pharyngitis with some involvement of the submaxillary glands, induced by lack of heat in her room, through an accident the previous day. This attack lasted until Feb. 7th, when her temperature reached normal in the morning, running up for the next few days, however, to 100° and 101° in the evening. Feb. 12th, patient able to sit up in chair, fecal discharge stopped; still some pus discharge. The only time gas pains troubled now was when the bowels failed to move once a day. She was now on regular diet and feeling well in every respect except the slight discharge from the wounds.

Feb. 25th: Discharged from the hospital, the tubes having been removed about two weeks previously and gauze substituted for drainage. The sinus opening would now admit only a half-inch strip of gauze. The lower part of the wound had filled in considerably, there being no connection between the two ends of the sinus. After her discharge I used balsam of Peru on plain gauze in the sinuses twice a week and finally, April 3rd, dismissed patient with

the entire wound completely healed. At present date, she has put on much flesh, does her own housework, feels good, and gas pains are things of a bygone day. She was kept upon the Sp. Tr. Eucalyptus and Echinacea mixture ʒss three times a day until just a month ago (June), when it was discontinued.

SPECIFIC MEDICATION IN UTERINE AND OVARIAN DISEASES.

HENRY RENY, M. D., BIDDEFORD, MAINE.

Want of care and abuse of the reproductive organs of women are the most common causes of uterine and ovarian diseases, and many are difficult to cure for the same reasons.

Among these we may enumerate want of cleanliness, excessive copulation in newly married life, and exposure during the menstrual period. The associate viscera, especially the bowels when not in normal condition, have also been the direct cause in some cases.

If a part is rightly used, it gets increased development and strength, and in treating these diseases each patient should be instructed as to the absolute necessity of cleanliness as well as the proper care of the parts in each case if we want success in the use of our remedies.

Active exercise in girlhood and open-air exercise in the adult, especially in feeble women about to marry and call this apparatus into use, will give a marked improvement to the tone of the pelvic structures in a short time. Cold water applied with friction to the pelvis, abdomen and genitals will compensate for sedentary habits, and prove an important means of development.

Any and all of our specifics are uterine remedies when indicated, and symptomatic treatment should be selected both internally and locally in each case. Gossypium will act as an emmenagogue in many cases of amenorrhoea, and I have checked a case of profuse menorrhagia with this agent where erigeron, cinnamon, etc., had been previously given without benefit.

A thorough examination should be made in each case, when possible, to ascertain the condition of all parts. I have treated many cases successfully with direct internal treatment alone, and consider local medication of secondary importance, as in several instances I have found little success without the former, although local means are often necessary to effect a cure.

Pessaries and uterine supporters are too commonly used, except when eversion of the uterus cannot be corrected by the surgeon.

The physiological law proves that the muscular system is strengthened by proper use and exercise. Compare the development of the blacksmith's arm with that of one wearing a sling. All artificial supports used to retain the uterus in position have a tendency to weaken the supporting ligaments and tissues. Thus the prolapsus, version or flexion will invariably be worse than before, and the parts are left in a state of congestion, inflammation, and even ulceration in some cases.

I will now cite a few cases with treatment. Mrs. N. returned from an excursion to Canada last fall. The fatigue and change of temperature produced irritation and determination of blood to the pelvic viscera, increased by its being about the time of the menstrual period. The discharge made its appearance, but ceased in a few hours and was followed by a high fever with evidence of inflammatory action; pulse 120 and full; temperature 104°; tongue full, with yellowish fur, severe pains on pressure in pelvic regions; the urine was passed with difficulty and there was much irritation of the nervous system. I prescribed spec. veratrum ten drops, and gelsemium one-half dram to four ozs. of water. Dose, a teaspoonful every hour. Also used an enema to move the bowels. There was a decided improvement the next morning, and as the urine passed freely, I gave macrotys in place of the gelsemium. On the third day pain had subsided, but patient complained of dullness with unpleasant sensations in the ears. I gave her a single one-grain quinine tablet and the menstrual discharge came on the same day, with rapid convalescence.

Mrs. R., who at three previous confinements occuring at Franklin Falls, N. H., had had severe convulsions and tedious labors lasting from 24 to 48 hours. She came to me stating that she was again pregnant and suffered from spasmodic, cramp-like pains. I prescribed viburnum o. in one-drop doses four times daily for about six weeks prior to confinement. I attended her on March 10th, 1898, and in less than an hour she was delivered of a girl without any normal complications whatever. She became pregnant again and was confined on June 1st, 1902.

This time she was extremely nervous, with numbness in the extremities and severe pains in the back. I prescribed ten drops of spec. nux. and thirty of pulsatilla in four ozs. of water. Dose,

teaspoonful four times a day. All symptoms were promptly relieved, and the result was another normal labor.

In conclusion I will cite a peculiar case that came to me a few years ago: Mrs. P. had been treated with escharotics for disease of the cervix with ulcerations. Menstruation was irregular and discharge scanty and dark in color. Examination determined a peculiar velvety sensation at points with dense tissues, and a well defined ulcer near the os. The tongue showed a marked violet color indicating nitric acid. I prescribed ten drops of the acid in four ounces of syrup. A teaspoonful in water every three hours. She was relieved within two weeks and her health has been better since than for years.

This patient objected to continue any local treatment, and I cite her case mostly to substantiate the claim that a single indicated remedy will relieve many lesions by acting on the primary cause.

THE INIQUITOUS PRESCRIBING OF MORPHINE AND ALCOHOLIC STIMULANTS IN GYNECOLOGICAL CASES.

BY DR. M. GRANT M'GINNIS, M. D., NEW YORK.

At the present time we hear a great deal about the "simple life," and are obliged to know much about the "strenuous life" from force of circumstances.

In the time of the "simple life" long ago, the questions of strife were settled by force. To-day it is a question of brain and not brawn. She who cannot hold her own in brain equilibrium must fall by the wayside, as the perplexing duties ever keep the nerves at their highest tension.

To the overtaxing of the nervous system, either in the efforts of gaining the goal of success, in the business class or in self-amusement in the society set, is due our many apparently very critical cases of dysmenorrhea. These conditions of distress are not so often due to morbid changes in the organs or tissues, but are expression of nerve exhaustion showing many symptoms of general irritability. We have many patients of this type who create great excitement, and the whole family and many friends contribute to the alarming condition by expressing great concern—and when the doctor arrives it is too often the case that he also looks very serious and im-

mediately prepares the "hypo"—and at once becomes almost famous. This treatment is continued on several occasions for months and finally this famous doctor has become too busy to be always willing to be at hand, so he leaves the patient some medicine to be taken only when very necessary. But what patient is the proper judge as to when medicine should be taken, if the medicine is for pain and the patient is in possession of both the pain and the medicine.

These treacherous little white pills have ruined many homes and much happiness. This remedy, though contra-indicated in all but two or three conditions, cannot be taken many times by these persons who suffer largely from nerve deformity, without becoming drug habitues.

Whether by accident or intention the patient learns of what the white pills are composed. If she can learn in no other way she takes the box to some drugstore, and after describing the medicine some wise clerk readily tells her what it is and sells her as much as she has money for which to pay. Besides the morphine, whiskey and gin are often prescribed for this line of cases. Nearly all the alcoholics among women give this history, and sometimes all of these have been given to girls while yet in boarding school.

Now, in either case, if the physician only knew the wreck ahead, and had the true interest of humanity at heart, he would paint a picture so horrible that pain would seem very slight by comparison, and then he would inform himself upon some of the many remedies and their therapeutic values which work wonders in the hands of the physician whose ability tells him when, where and how much to prescribe in these troublesome conditions.

When our country has been threatened with some serious epidemic, a body of physicians of prominence is detailed to do something to prevent the invasion of the dread disease and to do it quickly. No expense is spared in discovering how to do it most effectually. Note the concern over the case who recently died after antitoxin had been injected to prevent diphtheria. All the papers have taken it up, but this child was not left to suffer of a dreadful habit for years and years, to worry those who loved her. But no disturbance is made when morphine is carelessly handed out. We are well equipped with laws to prevent the abhorring indulgence in morphine, but no attention is paid to them. And if the person in whom so great a confidence is placed, as is placed in the physician,

does not seriously consider this question, who shall protect the dependent and suffering?

Being equipped, as we are, with the splendid specific medicines of Lloyd Brothers, we have no excuse for sending drug habitues out on the deplorable road of distress and utter worthlessness to themselves and disgrace to their families, as this habit is looked upon as a vice and not a disease. However, there are no cases in my mind which should receive more charity of judgment than those suffering from morphinism, as they are usually given over by the family physician, who does not realize anything but getting out easy himself. It is so easy, doctor, when so tired that one thinks it impossible to make another call, to give an opiate. And if you have ever tried an opiate instead of looking over your stock of specific tinctures for a suggestion, don't do it again.

If you see no positive indication for a remedy—give passiflora in gr. doses if you have a case in severe pain. And this will so completely compose the sufferer that it will be much easier for the remedy indicated to do its work. I often prescribe instead of an opiate "sp. tr. gelsemium," sp. tr. hyoscyamus 2 gtt., each in half cup of hot water, repeating in an hour, if the pain is not entirely relieved. I never have given the drops a third time in any one attack. Passiflora incarnata given in gr. doses, twice a day, for two days preceding the date of attack, will very often prevent any serious pain by keeping the nerves balanced. General systemic treatment including the static breeze should be faithfully followed up during the menstrual intervals.

Unless one has treated a morphine patient in his or her own home from one week to two months, there is no way of appreciating what they are, or what it means to the family or friends who must live with one of these unfortunates. I am sure we would all spend a great deal of our zeal in preventing the use of morphine, if we realized fully all that is implied in the word morphinism. While not so generally used, cocaine and all alcoholic stimulants should be guarded against. The cocaine case loses the mind sooner than does the morphine habitue.

The doctor cannot do all there is to be done to correct this awful condition to-day. But the pharmacist must be called in, and ways should be considered to do something. It is too alarming a condition to go on, and too great a question for me to even hope to help,

but if I could tell you some of the awful wrecks of genius I have seen, you would all get to work.

PUERPERAL ECLAMPSIA.

BY PEARL H. TATMAN.

It may be impossible for me to add any new thoughts of value to this subject, therefore my paper may be necessarily short, as I shall hold strictly to the conclusions drawn from my own clinical observations. While this disease may place both mother and child in great peril, and is to be much dreaded by the physician, as he may be taken entirely unawares, especially during labor or after confinement, coolness and excellent judgment must be exercised to save the life of the mother and give the child a chance for life. And I believe with judicious management the loss of life would not be nearly so great as the statistics show. While this malady is characterized by convulsive attacks similar to those of epilepsy, yet it is easily differentiated by the experienced physician by the freqnency of the convulsions, as in epilepsy there may be but *one* convulsion, or if repeated, it is after an interval of considerable length.

Eclampsia may occur at any period during the puerperal state, but more freqnently near or at the close of the term of gestation. It may occur without any prodromata, and again there may be premonitory symptoms noticeable for days or even weeks before the first attack. Persistent frontal headaches, weakness of the memory, dullness, vertigo, disturbances of the vision and sometimes complete blindness, excessive nervousness, insomnia and prolonged lumbago, albuminuria or uremia and disturbances of the liver, stomach and intestinal tract, should serve as danger signals to the thoughtful physician.

Albuminuria is one of the most important factors and it is of course understood by the up-to-date doctor that it is necessary to look well to the working of the kidneys of the pregnant woman, and in fact, to all the organs of elimination, as they all play an important role, and if kept in good working order there would be little chance for eclampsia to occur except of a neurotic origin, such as uterine reflexes, caused by the weight and pressure of foetus on the nerve plexuses. In twin pregnancies, the pressure being greater, there is more liability to a neurosis, also in the primipara.

Epileptics are more readily predisposed to this difficulty during pregnancy or confinement, but the prognosis is more favorable in such cases. The period of invasion may not last over one-half minute. The face wrinkles and becomes smooth again, the eyelids close and open, the pupils turn inward and are afterwards carried upward and become dilated and are insensible to light. The nose has a pinched and depressed look, the corners of the mouth twitch and are drawn to one side. The clonic spasm quickly follows and lasts perhaps one or two minutes. The features are now immobilized, the head is drawn backward, the thorax is fixed, suspending respiration, the abdominal walls are tense, the lower limbs stiff, the circulation is interrupted so that a cynanosed condition may quickly follow.

The clonic spasm lasts from three to five minutes. This affects the whole body. The face is agitated similar to that of the onset, but more violent and prolonged. The tongue projects between the teeth and may be bitten, and the whole body may be involved in convulsive movements. This soon gives way to coma which may last several hours. The patient may recover from this comatose sleep and have her proper senses, or she may remain in a stupor for a long period, or may die before regaining consciousness. Sometimes eclampsia is confined to a single attack and lasts only a short time. It may terminate by a single cessation of the attack. It may be complete or incomplete, leaving behind it an impaired memory, a disturbed vision or habitual stupor and slowness of action, and even mania. If death occurs it is produced by the poisoning of eclampsia or a failure to restore respiration or circulation. While we may try to remedy the difficulty when it is once upon the patient, we should always seek to prevent it when we have the patient in charge beforhand.

As to the treatment of puerperal eclampsia, I would say in the first place that it will depend entirely on existing conditions as to the period of gestation at which it occurs, and also the cause. Specific Medication is sufficient in these cases, but if there are any symptoms such as œdema, lumbago, excessive nervousness or anuria, it would be well to give apocynum 1 dram, veratrum ½ dram, acetate of potassium 1 oz., digitalis gtt. x. elixir of lactated pepsin 9 s. 6 oz. One teaspoonful before meals and at bed time.

The above given a few weeks as routine treatment will not do harm and as propylaxis it has served a good purpose in some of my

cases that had suffered from convulsions in previous confinements. This may be modified to suit the individual case. The veratrum in these minute doses for weeks, holds the nervous system and besides will serve a good purpose as an antiseptic. The potassium acetate has a kindly influence over the kidneys, removing the solid constituents, and the digitalis is a valuable adjunct and a good guard for the veratrum. Using pepsin as the menstruum would prevent the acetate of potassium from disturbing the stomach. If the patient is very full blooded, the veratrum can be given in large doses.

If albuminuria exists the patient should be put on a strict diet. Milk is best and some form of iron with diuretics given. I have frequently used Howe's acid solution of iron, acid phosphoric dil aa ½ oz. Lloyd's adonis gtt xv and elixir of pepsin viii. Dessert spoonful three or four times daily. I have found adonis combined with the above remedies almost a specific in albuminuria. The bowels should be kept regular with a mild laxative, but after the patient is seized with convulsions it is then necessary to take active measures. I have had good results with a solution of chloral per rectum and inhalations of chloroform, but veratrum is my old standby, given hypodermically in about thirty-drop doses, usually repeated once in about one-half hour. This should be followed closely with morphine sulphate one-eighth gr. hypodermically also, which can be repeated in two or three hours if necessary, but one-sixteenth gr. will probably answer for the second dose, and when the uterus cannot be emptied at once it is well to give one or two of these large doses of veratrum with small doses repeated at further intervals.

It is not advisable to do too much force work in emptying the uterus unless the case is a very desperate one, and then if the large doses of veratrum and chloral per rectum are used with an aseptic wool tampon, saturated with a solution of chloral placed to the os uteri, and the patient kept perfectly quiet and free from excitement, the convulsions will usually be broken up, and nine cases out of ten will complete labor in a very satisfactory manner.

Where eclampsia occurs during the first few months of pregnancy it can generally be controlled by placing a tampon saturated with a solution of chloral or lobelia to the os uteri and keeping the patient quiet by giving indicated sedatives, as this condition is usually in that stage of pregnancy caused by uterine reflexes, and is much more frequently with primiparæ. Where it is a clear case of hysteria, there is nothing better, in addition to the tampon, than an

emetic of lobelia and epicac, and after emesis should be followed by just sufficiently large doses to keep the patient well relaxed and slightly nauseated. If this is kept up for considerable time there will be no more convulsions with this case. I have never found it necessary to induce premature labor or abortion in any of my cases, and at my first call to some I found them having violent seizures of eclampsia.

DISCUSSION..

A MEMBER—I wish to thank Dr. Tatman for her very able paper on the subject. It has not been very long since I was called in consultation to see a lady who was having convulsions, I think possibly one hundred and fifty convulsions in two hours. The doctor hoes not recommend a speedy delivery. In that case, I think she had convulsions, one every minute, before I succeeded in delivering her. I think in those cases where the period of gestation is up and spasms occur, the remedy to save the woman is of the first importance. She had been in labor for about twenty-seven hours when I arrived. When I went in the room she complained of blindness. While the other doctor and I were talking about the case she had her first convulsion and they were continuous until we removed the child, about an hour and a half.

DR. ROBERTS—I was not in the room when the essayist commenced her paper, but if there is any one drug on earth that should be recognized in the profession it is veratrum viride. It is one of the most essentially certain specifics in all cases of puerperal convulsions, or for any derangements of the nervous system, that I have had in many years of experience. It requires a great deal of nerve, sometimes, when you think your patient is going to die, to give them a remedy that is recognized in the profession as a deadly one. When you think convulsions are going to carry your patient away, do not be afraid, gentlemen, to use veratrum viride, and if you use it with discretion you won't have any trouble with the undertaker in burying your patients. I have used it a great many years, sometimes hypodermically, and sometimes I have not. But in the case of the kind just spoken of by the learned doctor here, if he had introduced 10, 20 or 30 drops of veratrum viride and then gone to work with his forceps, the patient would have been greatly benefited. If there is a remedy that should be brought forward, it is veratrum viride. Not only in cases of confinement and convulsions, but in

delirium tremens. Take whiskey away from the worst cases you have and give them veratrum viride, and you will save them.

DR. BROWN—I want to emphasize one fact that the doctor overlooked in his case, and that is using chloroform. He said she had one hundred and fifty convulsions before they got them stopped. My patients never have but one or two. I chloroform the patients and keep them under the anesthetic until I get visible effects from the chloroform; until I get pathological effects. I would keep them under chloroform twenty-four hours until I succeeded in making the delivery. I have proven that it can be done. I think every convulsion the patient has is a menace to the life of the child and mother both, and should be stopped as quickly as possible. Start in and give chloroform, let the assistant do it while you deliver the mother. I have found it expedient, and I never have reported a death so far.

DR. TATMAN—One of the remedies I mentioned was chloroform. I have seen patients completely under the anesthetic go on having convulsions.

DR. BROWN—Can they have convulsions when completely anesthetized? I have given chloroform and they have gone on with their convulsions for a short time. But I give chloroform the very minute the convulsions appear, and I have never yet had a case fail ultimately other than where a child could not possibly have been born alive.

DR. HARVEY—I have practiced medicine thirteen years, and never had but four cases of puerperal eclampsia. These four cases occurred from one to thirty-six hours after the delivery of the child. I have never used anything but veratrum administered hypodermically. With veratrum you can play with a patient's pulse as a cat plays with a mouse. It is controlled absolutely by this remedy.

DR. TATMAN—If vomiting is caused from the veratrum, give a hypodermic of morphine and the bad symptoms will pass away very quickly. I think chionanthus would control dark green vomiting, but if your patient was so you could not give anything by way of mouth, it would then be very hard to control. I have not had very many cases unless it was after I had given them something to make them vomit.

DR. THOMAS—I am afraid we are taking the subject of puerperal convulsions like a great many other diseases, and imagine that the same remedy will help all cases. I think that is where we make our mistakes. One patient does well on veratrum and one on chloral,

and another on something else. My experience of puerperal convulsions has not been very large—I presume half a dozen cases. No one remedy will fit all cases. If you have a case of convulsions with the full, strong impulse of excessive action, a good big hypodermic of veratrum will quiet that patient. If you have a chloral convulsion case use chloral. If you have a veratrum convulsion case, there is nothing like veratrum for it.

DR. YOUNG—We must never lose sight of indications in treating puerperal eclampsia, or any convulsions as well as other troubles. Let us not drift into the errors of our antagonists. Gentlemen, be sure you have your indications, and let that he eclampsia, convulsions or anything, and you shoot with a single bullet straight at the mark, and I think you will not miss.

DR. SHARP—I wish to say that while I have great faith in veratrum in these cases, I had four of them in twelve or thirteen years. I had one case in particular in which I gave veratrum hypodermically until I thought it was overdoing the thing, and my patient was going to weaken on me, and the convulsions continued with the pulse down to fifty, and I was ten miles from town without any obstetric forceps, unexpectedly to myself. I did not see what I was going to do, but I administered ten drops of gelsemium and the convulsions stopped quickly and my patient lived.

DR. WHITFORD—One question in regard to the application of veratrum in these cases. In using specific veratrum I would hesitate seriously before introducing hypodermically thirty drops at a dose. I am not a homeopath in any way, but a liberal doser. I would hesitate to give thirty drops of the specific or of Norwood's veratrum.

DR. TATMAN—I think I said we would treat specifically. If the patient is full blooded and can bear those large doses, that is what we should give. If not, we will give something else. You give thirty drops, and yon con give it safely, as safe as can be, if you will watch the patient. In using Lloyd's—I almost always use Lloyd's—I give thirty drops hypodermically. If you see you have given more than the patient can bear, you can overcome it by morphine. It is perfectly safe, but you must watch your patient. If you see you have given a heavy dose, give morphine, one quarter grain, and if you run the pulse down too low, give digitalis. I have given veratrum until I have almost killed them, for certain things, and then I have had to go to work to keep them from dying.

PARTURITION AND DELIVERY.

M. M. HARVILL, M. D., NASHVILLE, TENN.

When a patient who is expecting confinement in the near future places herself under my care, I consider her welfare a part of my business from that time on until after she is confined and safely on her feet again. I know of no better time to begin the delivery of a woman than when she speaks to you concerning her accouchement. There are many unpleasant symptoms during the period of utero-gestation which cause much uneasiness of mind, depressed spirits, and gloomy forebodings, that should have the specific attention and treatment of the attending physician. First of all, it is good to see to it that the bowels move once or twice daily freely. If it is only a simple case of constipation, epsom salts taken in teaspoonful doses on rising in the morning, and if the kidneys are deficient in action combine with the salts an equal portion of bitartrate of potash, sufficient to keep both bowels and kidneys acting freely. I almost invariably give them some preparatory treatment. For the nervous, despondent patient, with gloomy forebodings, I would give sp. pulsatilla, and associate this with sp. macrotys if there is soreness of muscles and aching back. We would think of sp. black haw if she suffered with cramps in the womb or in the lower limbs. Sp. apocynum, when we have edema of the face, hands and feet, serves a most excellent purpose. If there is excessive gastric acidity, we would direct sodium phosphate, in from one to one and a half dram doses, to be taken in cold water before breakfast. It produces a full, satisfactory and painless movement from the bowels, neutralizes the gastric acidity, and promotes a sense of well being.

To say anything more in regard to preparatory treatment from a medicinal standpoint, we cannot do better than to keep in mind our "specific diagnosis" and "specific medication." We would not forget for one moment the importance of exercise, and plenty of it, in the open fresh air. Long walks daily in the open fresh air will improve the imagination and invigorate your patient. Hip sponge baths on retiring refresh your patient, strengthen the pelvic muscles, and induce rest for the night. After these spongings, a thorough rub with olive oil over the bowels and lower limbs acts as nutrition to the parts, prevents the abdominal pitting after delivery, and is markedly soothing in its influence.

One other thing I wish to impress upon your minds before leaving this part of the subject, and that is dieting. Where you find a parturient woman with obstinate bowels and a persistent vomiting of bile, and with a nervous weakness that is becoming more alarming day by day, you cannot do a more appropriate act than to lock up the kitchen with all its greasy cooked stuffs and obnoxious smells, and remove the "flaming sword and the cherubim" from whence she came and turn her back into the garden of Eden, there to subsist upon the raw fruits and vegetables that she shall eat.

Have your patients eat plenty of raw fruits and vegetables, raw vegetable salads, etc., and eat a great deal less meats and cooked stuffs. If by pursuing this course you find a few of your patients delivered upon your arrival, you can say to them that preparatory treatment did it.

I have had several patients say to me in the last year, upon my arrival: "Doctor, you just got here in time, didn't you?" I remember one patient who had taken preparatory treatment, the child being delivered about five minutes after my arrival. I asked her when she began having hard pains, and she said: "Didn't have any hard pains; there was only an unpleasant pressure, that didn't stop until everything was over."

I'll tell you, gentlemen, under our present system of civilization, we should look well to the condition of our patients all during the period of gestation and until delivery. Every practitioner should provide himself with an obstetrical bag containing antiseptics, chloroform, ergotole for subcutaneous injection, absorbent cotton, obstetrical forceps, elastic catheter, curved needles, scissors, sutures, and other articles that are needful in such cases.

When called to wait upon the parturient woman, the practitioner should not rush abruptly to the bedside of the patient as though he were in a hurry or excited, but should move cautiously and calmly about the room, maintaining himself wisely and in a manner to inspire her confidence. If the physician exhibits no signs of excitement or uneasiness his patient will usually have no fears. The physician will often find that the first effect of his presence is to arrest the pains, which have hitherto been progressing rapidly; thereby affording conclusive evidence of the influence of mental impressions on the progress of labor. If there is any one present whom the patient does not want, they should be advised to leave the room. Absolute cleanliness in connection with labor is positively insisted upon

as indispensable, and the first thing to be done before making a vaginal examination is to scrub the hands thoroughly with soap and water, paying particular attention to the care of the nails. As soon as labor is established, I believe the vulva should be well cleansed with soap and water, but douches and a lot of antiseptic solutions for this purpose can never fulfill or facilitate the functions of nature.

If we have ascertained the fact that labor is coming on, and is progressing naturally, the principal thing to do is to not hinder the cause by meddlesome interference. But, on the other hand, if you have a slow, tedious labor, ascertain the cause according to specific symptomatology and treat is specifically; as you would any other pathological condition, and your patient will usually rally and be delivered in due time.

If labor is progressing nicely, there is little expected of the physician except to put on an air of confidence and cheerfulness and be ready at a moment's notice for any emergency that may arise. From the complete dilation of the cervix until the expulsion of the child is known as the second stage of labor.

There has been a great deal of discussion with regard to the position of the woman during this stage of labor. Some advise that the patient lie on her left side with her nates parallel to the edge of the bed and her body lying across it. Others advise the dorsal position as usually practiced by American obstetricians.

It is claimed that the danger of perineal lacerations is very much lessened by the side position. But I believe we should be governed solely by the circumstances as regards position. I have managed cases of labor in about four positions successfully, viz.: With patient on the left and on the right sides, on her husband's lap, and in the dorsal position. I have one patient who says she cannot delivered in any other position except upon her husband's lap. I have still another whom I have delivered twice (sixth and seventh babies), once on her right side and once upon her left side. She told me she could never give birth to a child any other way. So, you see, I usually allow my patients to choose their own position, unless positively contraindicated.

The usual manoeuvre of supporting the perinueum is a practice I do not like. I am positive that any sort of manipulation about the perineum will cause the pains to be more propulsive and thereby increase the danger of laceration. The best support you can give the perineum is to relax it with the indicated remedy or a little chloro-

form, and if she is in the dorsal position have her legs straight down in the bed, and also at the same time hinder as much as possible a rapid delivery.

When the head of the child is born, it should be received in the palm of the right hand, while the left hand should be placed upon the fundus of the womb while it contracts and expels the body. If there is any delay after the expulsion of the head we should see if the cord is wrapped about the child's neck, and loosen it by drawing it over the head, if the life of the child seems to be endangered.

The expulsion of the body should be left entirely to the uterine contractions, except there be undue delay. Then we may excite pains by gentle manipulation of the fundus of the womb. Undue haste should not be exercised at this state, as the too sudden emptying of the uterine contents might induce post-partum hemorrhage. However, the child may be delivered hastily if there is evidence of asphyxiation.

It is recommended that as soon as the child cries the cord should be tied and severed, but I believe that pulsation in the cord should almost if not entirely cease before this is done. It is a custom to tie the cord about an inch and a half from the child, but I an confident there is an advantage to the child when it is tied not closer than two or three and a half inches from the child.

But no stage of the labor demands more skill than the third. If possible I would allow the placenta to be removed by uterine contractions alone. However, if this does not occur in fifteen of twenty minutes, the cord should be seized by the right hand, exercising the slightest traction, and at the same time kneading the fundus of womb with the left, allowing the left hand to be the power behind the throne. In this way I have had practically no trouble with the third stage of labor.

PART III

TRANSACTIONS

OF THE

National Eclectic Medical Association

THIRTY-FIFTH ANNUAL MEETING

JUNE 27, 1905*

OPENING SESSION.

The thirty-fifth annual session of the National Eclectic Medical Association of the United States of America convened pursuant to adjournment in the ball rooms of the Grand Union Hotel, in the village of Saratoga Springs, New York, on the morning of Tuesday, June 27th, 1905.

The session was called to order at 10:30 a. m. by the president, Dr. William E. Kinnett, of Peoria, Illinois. The president introduced the Rev. Mr. Hiscock, of the First Baptist Church of Saratoga Springs, who invoked the Divine blessing in the following words:

OPENING PRAYER.

Almighty and everlasting God, we beseech thee let thy blessing rest upon this present convention. We thank thee for all the good that has come to us and to the whole people by the service and devotion of faithful men who go about seeking to alleviate misery and to lift up out of distress, those who are suffering from all man-

*The report of the stenographer, and the Secretary's report of the proceedings of this session, were edited and embodied in the "copy" which was furnished to the printers soon after the Saratoga meeting. This was nearly all in type, although no proof was given to the Secretary, when the printing plant, with everything it contained, was destroyed by fire.

As the Secretary's notes in great part, with all the copy, was thus lost, it was necessary to make the best report possible from memory, and from the duplicate of the stenographer's report. It will be seen that much matter, some of it quite important, is thus unavoidably omitted.—EDITOR.

ner of sickness and disease. We thank thee also for the open-mindedness, for the convictions which are represented by this convention. We pray that thou wilt speedily give to all those everywhere who practice the healing art the same open-mindedness and freedom from prejudice, and grant, we beseech thee, that the time may soon come when all men of every profession and every walk of life shall love the truth and seek to proclaim it everywhere and desire to know what is the truth. We pray thy blessing may rest upon every individual member of this convention in the prosecution of his duties as he goes about by day and night seeking to bring happiness and relief where sorrow, trouble and sickness abide. Bless their families absent from them, and all who are dear to them; watch over them and guide and direct them. Grant that we and all men everywhere may come to know and fear God and love him with all our heart, mind and strength and our neighbor as ourselves. This we ask because thy mercy is from everlasting to everlasting. Amen.

THE SECRETARY, DR. ELLINGWOOD—In order to conform to the plans of our very excellent Committee of Arrangements, it has been necessary to make a few changes in the programme as printed. We will now listen to the address of our President, Dr. W. E. Kinnett, of Illinois.

THE PRESIDENT'S ADDRESS.

The President then delivered his address. (Published first, of the addresses in Part I of this volume.—ED.)

THE SECRETARY—We will now listen to an address by the worthy representative of the New York State Eclectic Medical Society, Dr. Lee H. Smith, of Buffalo, its president.

ADDRESS OF DR. LEE H. SMITH.

Dr. Smith then delivered a short and very appreciative address.

THE PRESIDENT—Hon. Mr. McNulty, who is to give us an address of welcome, is necessarily detained for a few minutes, but will soon be here and we will listen to his address; and while we are waiting we will have the roll call of officers.

The Secretary then called the roll of officers.

COMMITTEE ON CREDENTIALS.

THE PRESIDENT—I will also announce that there had to be some

change in the Committee on Credentials. I will appoint Dr. Lee H. Strouse, of Kentucky, and Dr. H. E. Whitford, of Illinois. The other changes I will report at a later meeting.

REPORT OF THE COMMITTEE OF ARRANGEMENTS.

The Committee on Arrangements then reported as follows:

DR. KING—We have had to make a change in our arrangements of entertainment. At the eleventh hour the people who had charge of the boat disappointed me and we have had to change those arrangements, going to-day instead of to-morrow. The hotel will give us a lunch at twelve o'clock; at one o'clock we are due at the trolley. We will start from there at one o'clock sharp by three special cars. Our badges will be good for one passage each way on the trolley; so be there and have your badge with you. On the trolley you will be furnished with a ticket which will entitle you to a trip on the boat. The moment we arrive, if you will gather on the steps of the Fort William Henry Hotel, a picture will be taken by Mr. H. B. Settle, who is official photographer of the convention, who will be there ready to take the picture the moment we arrive, and the moment that is over you will pass down through the grounds to the Fort William Henry boat dock for the boat ride.

To-morrow evening the musicale and reception will be tendered in this room according to the programme. On Thursday morning at 9 o'clock there will be a complimentary carriage drive for the ladies attendant upon the Convention. All ladies desiring to take that ride will meet at the headquarters. All gentlemen who desire to take that ride will be charged one dollar,—we want you here at the business session.

We are very anxious to have you all register so that you can receive the badge, programme, souvenir directory folder which we have prepared, and several tickets giving you admission to the various places of interest in the village.

RECOGNITION OF THE FIFTIETH WEDDING ANNIVERSARY OF PROF. H. K. AND MRS. S. K. WHITFORD.

DR. BOSKOWITZ—I have just learned that we have with us to-day a couple who have attended these meetings for many years, and that to-day they are celebrating their fiftieth wedding anniversary. I think this society should rise and give them our congratulations. Prof. and Mrs. Whitford to-day celebrate their fiftieth wedding anniversary.

The Convention arose and expressed itself in a cordial and enthusiastic manner, which was recognized by the honored couple.

ADVISORY COMMITTEE.

The President appointed the following memberes of the Advisory Committee: Chairman, G. W. Boskowitz; J. D. McCann, H. H. Helbing, W. T. Gemmill, E. G. Sharp, N. A. Graves, H. W. Felter, E. H. Stevenson and C. S. Winter.

REPORT OF THE COMMITTEE ON SPECIAL LEGISLATION.

DR. BOSKOWITZ, Chairman of the Committee, reported as follows: Mr. President, anyone who is interested and desires to read the codification of the Constitution and By-Laws which we now present in full, will find it printed in the New York Medical Review. We have had the report printed and placed copies upon the table here. I will ask, that this be referred to the Advisory Committee. I would suggest that to-morrow morning at ten o'clock to the hour set aside for the consideration of this report, that the executive council gives on this matter. I now move you that this be referred to the Advisory Committee. Seconded and carried.

ADDRESS OF WELCOME.

THE PRESIDENT—We will now listen to the address of welcome by the Hon. James D. McNulty, president of the village of Saratoga Springs, who has arrived and whom I take pleasure in introducing of this Convention. Mr. McNulty then read a short address.

THE PRESIDENT—One of our honored friends, who was secretary of this Association for many years and whom you all know without introduction, Dr. Alexander Wilder, of Newark, N. J., will respond to Mr. McNulty's address.

RESPONSE BY DR. ALEXANDER WILDER.

DR. WILDER—I am glad to know Mr. McNulty, and I may add we have a great appreciation of the treatment we have received in his address. Saratoga, you know, is the classic ground of the North. In the early history between the French on the north and the English on the south, the contest was made right here to know whether this Empire State should be French ground or English, and it was here in 1777 that the great question was decided whether this republic of ours should live and stand fast, or whether we should

fail of our efforts. It was here I am proud to say that a grandsire of my own bore a musket; it was here that Schuyler planned the victory; and although Schuyler was deprived of his honors, yet Saratoga in 1777 convinced all that this was to be a new nation—a nation born and baptized in blood.

Since then Saratoga has been famed from one end of the Union to the other as a health resort, a resort for people with all sorts of affections who seek relaxation, for the sake of recovery. The Southerners come to avoid the burning heats of the summer, and I find of later years we Northern people come to hold our conventions. In fact, my first visit here was to a convention. Fifty-one years ago a convention met in this city for the purpose of making a protest against an act of Congress, which almost divided the North from the South. I sat on the platform of that convention and heard the addresses of many who proclaimed the purpose of the State of New York on the Kansas and Nebraska bill. We know of course a sad history followed; of that I will not relate. It was then I learned what Saratoga was, and I know its importance in the history of the republic.

The Eclectic Medical School is emphatically American; it was born in America; it has had its existence in America and it has won its laurels in America. We come here therefore representing a practice gotten up by the people of America. Our drugs, our materia medica is American emphatically. We depend on the bounty of nature, not on the minerals of the earth, but on vegetables from the forest and field. We came into existence as a solemn protest against imperfect medication. We are protestants to this day. We protest not against men but against things. Ours is a safe medication. If we do a patient no good, we certainly will be sure to do him no harm. Our patients if they do not recover do not carry away a disease, the consequence of the treatment they have received. We do not have in these days broken, disordered limbs, diseased bodies, not so much the consequence of disease as of the medicines they have received.

That being the case, we hope for our future on our merits rather than upon the basis of exploits which we do either in political circles or social circles. We are the physicians of the people, and upon the people and through the people we submit our stewardship for their approval or disapproval. I cannot say much more; I do not think of much more to say. We thank you for our reception and

we hope our reception in Saratoga will be equal to any experience we have had before. Had I had my way we would have been here ten years ago when you had a King, a Hamilton, a Bedortha and a Goetchius to represent us, men of whom the world had no equal. I hope we shall see men again here who shall fulfill the work of Burke, who said of his son-in-law, "This is not a chip of the old block; it is the old block itself." I hope we shall find that here.

ANNOUNCEMENTS.

DR. THOMAS—If we are to take that trolley ride after dinner, I think the Chairman should suggest where the Committee on Credentials are to meet; we will go out and get together.

THE PRESIDENT—All applications for membership will be referred to this committee, which will meet in the south end of the Entrance Hall. Dr. Thomas is chairman, Dr. Strouse and Dr. H. E. Whitford are the members.

DR. HELBING—I would like to call the attention of the delegates to the certificates and would like to have you hand them in as soon as possible at the hotel. I can take a few of them here. The room is on the ground floor of the hotel near the office and in the room where you register.

APPROVAL OF THE MINUTES.

DR. BOSKOWITZ—I move that the minutes of the last session of the National Eclectic Medical Association be approved as published by the Secretary. The motion was carried unanimously.

THE REPORT OF THE SECRETARY.

The Secretary, Dr. Ellingwood, then read his annual report, which was enthusiastically received. (The report is printed among addresses in Part I of this volume.—ED.)

THE PRESIDENT—This report is referred to our Advisory Committee.

It was moved, seconded and carried that the Convention take a recess until 8 o'clock p. m., as the Convention was to take a trolley ride in the afternoon.

FIRST DAY—EVENING SESSION.

The Evening Session was opened by the President, who spoke as follows:

This morning just about 12 o'clock we adjourned to meet

promptly at 8 o'clock p. m. It is now more than half past 8. If we expect to get through with the great amount of work we have on our programme we will have to improve every moment. I thought it would be a good idea to-night to take up one of the departments. What little business we have to do, we can do in the morning. The arrangements have been to open each department with an address preparatory to that department. The several sections of that department will then convene in their rooms, organize their section and hold their section work. Consequently the manner in which the sections have been placed on the programme does not make the order of the day. The Association can take up anything in the order that it sees fit. We only have to-morrow and Thursday during the day to get this section work done. Is it the pleasure of the Convention that we take up either one of the departments this evening?

It was moved, seconded and carried that the Convention hear the addresses of those who are prepared to-night as far as time will permit.

THE PRESIDENT—We will take up the department of medicine. We will be addressed upon that subject by Dr. Best, of Indianapolis, Ind.

ADDRESS ON MEDICINE.

Dr. Best then delivered his address on Medicine, which was listened to with profound attention and frequently applauded. (It is published among addresses in Part I of this volume.—ED.)

ADDRESS—SPECIALTIES.

THE PRESIDENT—Our department of specialties was to be addressed by Dr. G. W. Johnson, of San Antonio, Tex. After we had our arrangements all made, Dr. Johnson wrote us it would be impossible for him to be here, and later he sent an address which will be published in the Proceedings. Dr. A. W. Herzog, of the City of New York, however kindly consented to give us the address before the Department of Specialties, and he informs me that he is to return to New York to-night. Is it the pleasure of this Convention that we hear Dr. Herzog's address on the Department of Specialties to-night?

We will therefore listen to Dr. Herzog's address at this time.

Dr. Herzog then delivered the address on Specialties. (Published in Part I of this volume.—ED.)

THE PRESIDENT—I want to say that I desire on behalf of the officers of this Association and especially my own to thank Dr. Herzog for filling this place with so short a notice.

DR. BOSKOWITZ—I move that we adjourn to 9 o'clock to-morrow morning.

THE PRESIDENT—Before adjournment I would like to make some appointments. I notice in regard to the section officers of the department of medicine, the secretary of the practice of medicine is not here—Dr. Williams. I will appoint in Dr. Williams' place Dr. C. M. Brown. Upon the section of materia medica Dr. Bloyer is chairman and is sick in Michigan. I will appoint in his place Dr. E. H. Stevenson, of Fort Smith, Ark. The section of pediatrics, both the chairman and secretary are absent. I will appoint as chairman of that section Dr. J. P. Harvill, of Tennessee, and as secretary, Dr. M. B. Morey, of Texas. That will complete the officers for the department of medicine. I will appoint F. B. Crowell, of Lawrence, Mich., on the committee of registration, instead of J. V. Stevens, who is not present.

If we adjourn to meet at a given time, let us meet promptly at that time. We are here for a purpose; we have had our afternoon's outing. At the very moment to which we adjourn to meet, let us gather to-morrow morning and do our business promptly.

THE SECRETARY—I desire to call the attention of this body to the necessity of attending to the registration. Do not be deceived with the fact that because you have registered for the drug representatives at their displays all the way around the portico, that you have registered at the important place. This is the only place that you get any credit for your registration at this meeting. We want every individual member of this Association to register with the committee on registration.

The session then took a recess to the morning of June 28, 1905, at 9 o'clock.

SECOND DAY—MORNING SESSION.

THE PRESIDENT called the session to order and then called for the treasurer's report, which was deferred on the first day.

REPORT OF THE TREASURER.

THE TREASURER—In the payment of all bills by this National Association, the bill is first presented to the secretary, and from the secretary it goes to the committee on finance, who looks it over and either passes upon it or rejects it. If a bill is reported back by this committee favorably, an order is then drawn on the treasurer and signed by the president and secretary. These orders are numbered. The last order last year at St. Louis was No. 63, so we start this year with Order No. 64. The following is my report, with the expenditures itemized:

Balance on hand from St. Louis meeting, report	$ 279.29
Initiation fees (94 members at $7.00 each)	658.00
Annual dues	871.00
Total	$1,808.29
Disbursements as per Orders No. 64 to No. 91, inclusive	1,773.23
Balance	$ 35.06

CHICAGO, ILL., June 24, 1905.

Disbursements.

Order No.		
64.	Daniels & Co., printing programs	$ 35.00
65.	Dr. R. L. Thomas, incidental expenses, St. Louis meet.	17.00
66.	Geo. Hornstein & Co., printing 2nd Bulletins	54.00
67.	H. H. Helbing, making local arrangem'ts, St. L. meet.	15.00
68.	Mrs. Boyd, stenographer	100.00
69.	Dr. Ellingwood, incidental expenses (bal.) St. L. meet.	66.45
70.	Dr. Ellingwood, services as Secretary	400.00
71.	Kenton Rep. Co., printing receipt books for Treasurer.	4.25
72.	J. J. Hurley, printing and shipping stationery	24.00
73.	Dr. W. E. Kinnett, postage and envelopes	23.15
74.	Dr. Ellingwood, postage on Certs. and other expenses.	11.70
75.	Dr. Gemmill, expenses attending St. Louis meeting	50.65
76.	Dr. F. T. Truax, expenses Corresponding Secretary	37.25
77.	Dr. Ellingwood, postage on transactions	94.00
78.	Dr. Ellingwood, incidental exp. to Dec. 15, 1904	12.08
79.	Dr. Ellingwood, trip East, itinerary	75.00
80.	Clinic Pub. Co., printing Transactions St. Louis meet.	524.00
81.	Dr. Ellingwood, balance due on itinerary	5.25
82.	Clinic Pub. Co., balance due on printing transactions	13.00

83.	Dr. Ellingwood, postage and express.....	21.40
84.	Geo. Hornstein & Co., printing circulars and envelopes	8.50
85.	Daniels & Co., labels for transactions.....	2.25
86.	W. D. Messenger & Co., 4,500 pamphlet envelopes..	6.30
87.	Geo. Hornstein & Co., printing Bulletins for 1905....	258.00
88.	Dr. Ellingwood, postage on Bulletins.....	45.00
89.	Dr. Ellingwood, incidental expenses.....	28.50
90.	Federal Lithographic Co., printing certificates (200)..	30.00
91.	Dr. Gemmill, incidentals for the year.....	11.50
		$1,773.23

The President referred the report to the Advisory Committee for recommendations.

THE PRESIDENT—I have in my hand a telegram from Dr. L. E. Russell, who was to deliver an address before the department of surgery. This reads: "Kindly present the Association with my compliments. I regret exceedingly my inability to attend this year. Signed, Dr. L. E. Russell." So we can't have the address before the department of surgery.

SECTION WORK.

DR. FELTER—Moved that we take up temporarily one section only until the time for the special order at 10 o'clock.

THE PRESIDENT—It is moved and seconded that we take up one section temporarily until the special order comes at 10 o'clock. The motion was carried.

Dr. Graves took the chair, and C. M. Brown acted as secretary.

The chairman announced that Dr. Felter had offered to read a paper on Cerebro-Spinal Meningitis.

DR. FELTER, being called upon, stated as follows: I want to say in regard to this paper, that is is not written from personal experience—very rarely that physicians meet with cases of this kind—but this has been gathered—the paper has been made up from the experience of those who have had experience in this line of work and it is submitted as such.

THE PRESIDENT—The hour of 10 o'clock having arrived, it is now time for the special order, to consider the codification of the by-laws, set yesterday for this hour this morning. Dr. Boskowitz,

Chairman of the Special Legislative Committee, will now present the matter.

DR. BOSKOWITZ—Before we attempt to take up the matter of the by-laws, I would like to announce to you that the Pharmaceutical Society of the State of New York is in session at the present time at the hotel directly opposite this, and that I feel it would be a pleasant thing for this society to send a committee to that society offering to them our congratulations. I would ask that such committee be appointed and would suggest, if you will allow me, John U. Lloyd, of Cincinnati; Dr. Heaves, of New York, and Professor Joyce, of Georgia; that they be appointed to visit the Pharmaceutical Society and extend our greetings and felicitations.

The motion was seconded and unanimously carried.

ADOPTION OF CODIFIED CONSTITUTION AND BY-LAWS.

Dr. Boskowitz, for the Advisory Committee, then reported that the Codified Constitution and By-Laws as printed on page — of this volume was recommended by the Committee.

It is moved, seconded and carried that this report just read be accepted.

DR. BOSKOWITZ—We unanimously recommend the adoption of the codification and report of the special legislative committee, and would ask a general action be taken upon that, that an expression of opinion be obtained from the members in regard to the only essential point of difference between the present codified bill and constitution and that is in regard to the membership fee, the present membership fee being $7; the change in your codified bill making it $10. That is really the only essential change that has been made, and your committee would ask for an expression of opinion on that particular point.

THE PRESIDENT—The question is now before you. What will you do with this report?

DR. GRAVES—Would it not be wise to read the Constitution and By-Laws as revised, so that all will understand it thoroughly?

DR. BOSKOWITZ—Yesterday when the committee asked that the special order be made this morning, it was so that everybody might be posted in what the committee reported in the new form of constitution and by-laws. The membership were told that in the review would be found the full printed report and it is here for anybody

to look over. If you desire me to read the direct report of the committee, I will do so. Is that what you want?

DR. GRAVES—In regard to the fee only.

DR. BOSKOWITZ—The only point in regard to the fee was the question of raising it from $7 to $10. Not so much for the purpose of this meeting, or really for the meeting that will follow, but for the meetings hereafter. Your committee has recommended in its report that the special legislative committee be continued for a year, so that it might complete the work that was laid out for the last year. That is not only to give us a constitution and by-laws for the National, but uniform constitution and by-laws for state and local organizations, and we felt that we would not do that work until we had had more time to consult with state and local officers and get their ideas of the needs of each locality. Then we hope to bring in such a set of constitution and by-laws as will omit dues direct from the membership to this Society and have them supported by state dues, per capita tax from state societies, and then this change from $7 to $10 would of course be essentially changed. That is as plain as I can make it to you. I would move you as follows: that it is the opinion of this society that we shall adopt as a membership fee $10. That is really so as to bring this matter directly before you. Motion seconded.

THE PRESIDENT—You have heard the motion that we make our membership fee $10. Any remarks?

DR. BOSKOWITZ—The reason for that is, as I stated to you a few moments ago and just one other reason—that is, when a party is recommended from the State Society to membership in the National, as a member of this Society, he is, as a rule, a young person, full of enthusiasm and with great feeling for the cause and all that sort of thing; he also has received a certificate of membership, a diploma which he feels will grace his office, etc., and it makes very little difference to him at that time whether he pays $7 or $10. In other words, it is a great deal easier to get $10 from him at the time that he is full of this enthusiasm than it is to collect $5 annual dues from him when he gets a little old and settled; and it is for this purpose this change is recommended, as a way from the $5 annual dues and yet in some way increase the amount to be paid in to the treasury.

DR. MCCANN—Last year at St. Louis the following resolution

was presented: "Every person duly elected as a permanent member of this Association shall complete such membership by paying an initiation fee of $10. He shall also report any change of residence annually to the Secretary within one month from the time of holding the annual meeting; and shall likewise after the first year pay an annual due of $2, and after twenty years of continuous payments such member shall be exempted from further payment of annual dues." The idea of this is to conform to one of the statements Dr. Boskowitz made; that a great many people drop out after so long a time, and the $10 was almost necessary. A good many think it is a hardship to pay $5 every year, and that some of us old members who have been paying for a good many years should be exempted; but under the circumstances presented this morning, owing to the treasurer's report that we are getting down to the bottom financially, it don't look to me right to push this matter of two dollars, and if the membership is willing to conform to the resolution and it is passed, I think it will do away with this. If we have $35 in the treasury and our dues are put down to $2, why we would be in debt next year. So I do not want to push this matter of the $2, but we believe it expedient to raise from $7 to $10.

DR. BOSKOWITZ—I have been asked to inform the membership,—for some do not quite understand,—that this $10 we refer to is not an annual, but is the first fee that is paid, simply the membership fee. We have no reference to annual dues. The only change is in place of paying $7. When you hand in your credentials, when you become a member of this Society, that it be increased to $10.

THE PRESIDENT—All in favor of adopting this say "Aye." It is carried.

DR. BOSKOWITZ—As that is the unanimous opinion of the organization, I move the adoption of the report of your Advisory Committee, and that this codification go into effect after this meeting. In other words, if we do not adopt this now, it shall not affect those applications who come this year, but next year the codification will be in effect.

Motion seconded.

THE PRESIDENT—Any remarks?

DR. BOSKOWITZ—What appears to be a question of advertising, but simply does not mean that or say that. You remember at our meeting last year or year before that we had some discussion in

regard to the treatment of pneumonia, and Secretary Ellingwood at that time introduced a resolution in regard to our treatment, etc., and it was then recommended and adopted that this Society and this membership shall use the public press when it can for the purpose of explaining our peculiar principles and treatment and does not refer to the special advertising of any physician. I certainly do not think that anybody who reads that clearly can think for a moment that we are endorsing advertising. There is a very great distinction between what would be called advertising and legitimately placing the views of our practice before the public; that is the only way we can really push ourselves through.

The motion was carried.

DR. BOSKOWITZ—I would ask that the membership of the State of New York meet in President Krausi's room at 12.30 this morning.

DR. SCUDDER—I would ask that the announcement be made that the National Federation of Medical Colleges will meet at 9 o'clock.

RESUMPTION OF SECTION WORK.

THE PRESIDENT—Is there any other business before this Association at this time? If there is none, we will proceed to section work. The section on the practice of medicine will meet in this room. The section of materia medica, E. H. Stevenson, chairman, will meet in the lower room, and the section of pediatrics, Dr. J. P. Harvill, chairman, and M. B. Morey, secretary, will meet in the room above that.

DR. KING—The Business Men's Association want me to say if there are any complaints of any kind in regard to hotel matters, carriage rides, anything in which you are not treated properly, to report it to the committee of arrangements, and the committee of the Business Men's Association will make it right. We want to know about it.

Department of Medicine.

Dr. Graves again took the chair and called for the discussion on Dr. Felter's paper. There was no discussion.

Dr. C. N. Brown then presented his paper on Tuberculosis. The discussions are presented with the papers.

This was followed by a paper by Dr. H. V. Blosser on Newrasthenia, after which the section closed.

DR. THOMAS, obtaining the floor, stated as follows: The committee on credentials report twenty-three new applications properly filled out, fees paid in full accepted and passed on favorably; their endorsements fully considered and accepted, all in due form waiting your action for membership.

The report was received and the parties were made members.

On motion, the Convention took a recess to 2 p. m.

SECOND DAY—AFTERNOON SESSION.

The session was opened by the President promptly at 2 o'clock.

It was moved and carried that the section work be taken up at once in the main auditorium in proper order and only one section be held at a time during the afternoon.

Dr. Goss, the chairman of the section, took the chair. Dr. Pearl Hale Tatman was secretary.

Dr. Tatman read a paper on Puerperal Eclampsia. It was thoroughly discussed.

Dr. Stevenson read a paper on "The Queer in Obstetrics." He said: "I want to offer an apology for this paper before I read it. I was limited as to time. I don't think there is much in it and I am sure you will agree with me."

This was discussed by Dr. Young and Dr. Brown.

The section then closed and reported.

Section of Surgery.

Dr. Wilmeth, chairman of the Section of Surgery, took the chair and called the section. He read a paper on "Obstruction of the Bowels," which was discussed by Dr. Robertson, Dr. Hannath, Dr. Henning and Dr. Helbing, Dr. Terrell, Dr. Winter, Dr. Brown, Dr. Tatman and Dr. Hathcock.

The chairman expressed regrets that he had been able to do so little in his section this year. The section closed and reported.

Dr. Lydia Ross was asked by vote of the Society to present at this time her most interesting paper, which she illustrated with

statuary busts and pictures. It was entitled "The Poise Center."

The paper was not discussed.

This was followed by a paper from Dr. Sharp and Dr. Hinton.

Later Dr. Tatman read a paper on "Spinal Curvature," and Dr. Young one on a "Malformed Penis."

LAST DAY—MORNING SESSION.

The session was opened by the President at 9 o'clock.

The President was requested to present his paper on "Vibratory Stimulation," which he did. It was discussed by Dr. McCann, Dr. Goss, Dr. Bristol, Dr. Sharp, Dr. Nolan and Dr. Mott.

REPORT OF THE COMMITTEE ON CREDENTIALS.

DR. THOMAS—The Committee on Credentials would like to make their final report. We find that one of our applications has not been properly endorsed. We have reported twenty-three names who should be admitted. We have no further report to make than the completed list yesterday, minus one, which lacks the signatures of the officers of the State Society. The money received is now turned over into the hands of the treasurer, and if there are any other applications we would like to have them in this our final report.

It was moved and seconded that the report be accepted.

The following were recommended by the Committee on Credentials to permanent membership in this Association: F. D. Webley, M.D., Santa Rosa, Cal.; F. W. Snell, M.D., Denneysville, Me.; G. A. Weeks, M.D., Richmond, Me.; G. F. Walker, M.D., Boston, Mass.; C. E. Keck, M.D., Barnstable, Mass.; F. G. Phillmair, M.D., Boston, Mass.; J. A. Denkinger, M.D., Boston, Mass.; G. R. Johnson, M.D., Templeton, Mass.; M. Wilkenloh, Chicago, Ill.; J. C. Greenfield, M.D., Avon, S. Dak.; J. A. Bonner, M.D., Holyoke, Mass.; L. J. Bullock, Manchester, N. H.; R. B. Taylor, M.D., Columbus, O.; G. H. Knapp, M.D., Cincinnati, O.; C. L. Freedline, M.D., Shanksville, Pa.; J. H. Louther, M. D., Somerset, Pa.; A. E. King, M.D., Brooklyn, N. Y.; H. J. Terpening, M.D., Fulton, N. Y.; R. W. Padgham, M.D., Geneva, N. Y.; W. B. McDermott, M.D., New York City, N. Y.; W. B. Pearlstein, M.D., Brooklyn, N. Y.; Louis Alderman, M.D., New York City, N. Y.

The following were reinstated, by the payment of two years' dues: W. H. Wyatt-Hannath, M.D., New York City, N. Y.; J. M. Louther, M.D., Somerset, Pa.; W. L. Heeve, M.D., New York City, N. Y.; J. M. Mulholand, M.D., Pittson, Pa.; H. S. Blackfan, M.D., Cambridge, N. Y.

SECRETARY ELLINGWOOD—The Committee on Credentials rejected the application of Dr. P. A. Spain, of Texas, which has been on file with me for two years. The Committee has done the only thing they could under the circumstances concerning this application of Dr. Spain. The fact that it is not endorsed is partially my own fault. Dr. Spain sent me the application two years ago, before the St. Louis meeting, on the statement that if I had the application I could get the signatures of the State Society. Dr. Spain was an ex-officer of the Texas Society, and a man who will do our Society a great deal of good. I expected to see the officers of the Society and get them to endorse it, but Dr. Spain up to that time had not paid his $7, but the day after the Convention closed I got a check for the $7, when the officers had gone and it was too late to get the endorsement. I expected to see the officers again here and get their endorsement, and consequently I did not mail it to the officers as I should have done. I have kept the $7 for a whole year and turned it in to the Committee on Credentials with the thought that I would see the officers here, but there isn't any officer of the society here and nobody from the state but Dr. Morrow, who will verify the statements I make concerning the character of Dr. Spain.

DR. GOSS—I move that those approved by the Credential Committee be made members of this Association. Seconded, and carried.

SECRETARY ELLINGWOOD—I move that Dr. Spain become a member of this Society when his application is properly endorsed by the officers of his State, and is filed in the office of the Secretary of the National Association. The motion was seconded.

DR. THOMAS—I believe this is out of order. If you let down the bars for this man, you will have to do it right straight along. The constitution distinctly tells how a man should come into this Society. We have another case just like this, a man from Pennsylvania, a splendid fellow, has his $7, but no president or secretary of Pennsylvania here. We had to hand it back and say you are not

properly endorsed. I do not believe we should vote a man in when the constitution says he must come in another way.

THE PRESIDENT—Do you make that a point of order?

DR. THOMAS—Yes, that the motion is out of order and contrary to the constitution.

DR. SHARP—When the endorsement of the officers of the Texas Association are on file in the Secretary's office, are you setting any precedent whatever?

DR. THOMAS—They are not on file in his office.

DR. SHARP—The stipulation is that they shall be on file in Dr. Ellingwood's office before he shall become a member.

DR. THOMAS—I think not.

THE PRESIDENT—Do you withdraw your point of order on that.

DR. THOMAS—No sir.

THE PRESIDENT—The point of order is sustained.

CONCERNING EXHIBITS.

DR. SCUDDER—The Association is a little muddled as to whether the work of the exhibit committee proceeds is a part of the National Association or local committee of arrangements. We have been governed by different precedents. At Atlantic City and Detroit, Mich., it was under the authority of the National; at Milwaukee there was difference of opinion as to whether the local committee should control the exhibits or not, and it was taken up by the local committee and whatever proceeds was made was utilized by the committee on entertainment. As I understand the matter this year, the matter was not taken up sufficiently early, and the president placed the matter in the hands of the local committee on arrangements, Dr. King, who appointed his sub-committee, and this present exhibit is under their specific control. Now I think we ought to have a motion or standing resolution to govern us in the future as to whether these exhibits should be in the hands of the national or local committee.

THE PRESIDENT—I am absolutely and utterly opposed to any exhibit at the National meetings. While we are trying to get a quorum sometimes, to find enough for one section, when there is one person in this room there are two or three out around the exhibit stands, getting samples to take home. It always detracts

from what we come here for. We do not come here from all over the United States to get samples. We get them shoved into our offices. Dr. King wrote me about the exhibits and I said, very well, so far as I am concerned you can have some exhibits if you do not interfere with the meeting. And you can have what money you get out of them to help pay for entertaining the society. I did not have any right to do that, because there isn't anything in the constitution about it, only that they shall not be placed in the hall. But I told him so far as I was concerned they could have all the money from exhibitors to help pay for our entertainment.

DR. SCUDDER—I move you that hereafter the exhibits be in charge of the local committee of arrangements, the proceeds to be devoted to the purposes of the local committee on entertainment, subject to the supervision of the president of the National Eclectic Medical Association, so that the supervision shall not get beyond the control of the Association. I have no criticisms of the way it has been conducted now, but I do not think it should be put in the hands of the local committee of arrangements unless it is under the supervision of this organization, so that if anything happened it would be controlled by the president.

DR. GOSS—I am not in favor of excluding them, but I am not in favor of the local committee making profits at our expense. I would be glad if that part of the motion were amended. I move that instead of the profits going to the local committee that hereafter if there are any profits made that the proceeds go to the National Convention. There was no second.

The original motion of Dr. Scudder was carried.

DR. ELLINGWOOD'S REPORT OF THE COMMITTEE ON ORGANIZATION.

As Chairman of Committee on Organization I will make a brief report. We had a very excellent meeting in the committee room last evening. There were thirteen states represented. The report by those secretaries who compose the committee of organization was encouraging indeed and they reported progress. The report of the standing of our cause in their states was given. There was no specific work done. They simply expressed themselves as anxious to do more this next year towards unification,—consolidation, —and a closer co-operation than ever before, and expressed themselves as determined to work for that end.

Moved, seconded and carried that the report be accepted.

DR. GOSS—I would like to know in what states in the Union Eclectics are under the ban. I am told in the state of Alabama the examining boards are so constituted as to be very prejudicial to Eclectics and if they are in any other states in the Union I would be glad to know it.

REPORT OF THE LEGISLATIVE COMMITTEE.

THE SECRETARY—That comes properly before the legislative committee, which will now report.

DR. TEAL—Our Committee met yesterday afternoon and we had fourteen states represented; we had a very interesting meeting; nothing particular of interest was presented. No discussion in any of the states as against Eclectism; there was no special report offered from any of the states as to trouble along the line so that we had nothing to report only that everything was serene and all right in the different states. In New York State we have an effort just at this present time to have a single board instead of three boards, as at present. However, I do not think that will amount to anything. We have equal representation; we have three boards of seven members each. I am a member of our board.

DR. SHARP—I move that the report of the committee on legislation be received and filed.

THE PRESIDENT—Is there any state in the Union that discriminates against Eclectics, not allowing them to practice?

DR. TEAL—I think not.

DR. GOSS—Is there anybody here from Alabama? Friends of Eclectism in Alabama appealed to our society in Georgia to help them, and we intend to use our influence to help Eclecticism there.

DR. WYATT-HANNATH—There is no Eclectic representative on the board in the State of Maine.

DR. TEAL—The way we are situated here in New York we are perfectly satisfied to have equal representation on the board. We have thought there was a movement on foot for absorption. We are on a better level than ever before. There were originally on the board five Allopaths, two Homeopaths and one Eclectic. When we came before the legislature there was a heavy fight about the Homeopaths and Eclectic, but we fought it to the death for several years until finally it came out with the three examining boards. This has worked very satisfactorily in New York, it should work so in other states.

SECTION OF GYNECOLOGY.

The Section of Gynecology was called.

Dr. Wyatt-Hannath read a paper on Diseases of the Cervical Canal and their treatment.

THE PRESIDENT—We have some reports we will hear now.

REPORT OF THE ADVISORY COMMITTEE.

DR. BOSKOWITZ—Your Advisory Committee met according to the announcement this morning, and have considered the various resolutions that have been brought before it and have an unanimous report to bring to you.

(The original copy of all of the resolutions presented was burned and they can only be given here from memory. It will be necessary to correct any errors that may be discovered in them, in our next year's record.—EDITOR.)

Dr. Felter, for the committee, presented a resolution to the effect that our worthy Treasurer, Dr. W. T. Gemmill, who had served the Society most faithfully for fourteen years, felt that it would be impossible for him to continue in this capacity any longer. It was therefore the sentiment of the Society that in losing Dr. Gemmill from this office, we lose a most efficient and trustworthy officer, one whose place it will be difficult to fill.

Dr. McCann, for the committee, presented a resolution concerning the History of Eclecticism, by Dr. Wilder, in which it was recommended that the book be placed upon the announcements of the various colleges as one of the reference textbooks, and that every possible effort be made to effect a sale of the present edition, in the hands of Dr. Munn of Connecticut.

Dr. Graves, for the committee, presented a resolution that the expenses of the Corresponding Secretary for the present year, be paid.

Dr. McCann, for the committee, presented a resolution that the Recording Secretary be given the sum of two hundred dollars for his services for the past year.

Resolutions of thanks were presented to the hotel authorities and to the Reception Committee, and also to Dr. and Mrs. Boskowitz and others for the splendid musicale on Wednesday evening.

These resolutions were all unanimously adopted. The one concerning Dr. Gemmill, by a rising vote.

DR. BOSKOWITZ—I would like to say just a word to express per-

haps a little more fully the great regret with which the advisory committee learned that it was imperative upon the treasurer to resign on account of other engagements, and also to call the attention of many of the members who are present here to-day and some for the first time, and some who have only been here a few times, to the great work that Dr. Gemmill has done as treasurer of this National Association. When Dr. Gemmill assumed the position as treasurer of this Association, we were a bankrupt Association, in debt, and it was a question how we were going to get out of it, and it has been due to the careful, cautious and judicious manner in which Dr. Gemmill has not only handled the funds of this Association, but has met the members of this Association, so that you really could not help paying your dues. He would notify you in such a pleasant and agreeable manner, that you would be glad to be able to pay your dues. And through his efficiency we to-day stand, not in the position we did fourteen years ago, on the verge of bankruptcy, but in the most magnificent condition, with all debts paid, with quite a considerable of a balance in the hands of the treasurer. and I am very glad that Dr. Krausi suggested that we pass this resolution by a rising vote, and if there were any other way we could manifest to Dr. Gemmill our very great regret at his inability to continue in this office, I wish we might be able to do it.

CONVENTION OF THE ELECTORAL COLLEGE.

The hour fixed by the Constitution and By-laws for the convening of the Electoral College for the election of officers for the ensuing year having arrived, other business was temporarily suspended. The secretary called the roll of States and colleges for representation. The following responded and were appointed members of the Electoral College: Maine, D. Weeks, M. D., Algernon Fossett, M. D.,; New Hampshire, Lillian G. Bullock, M. D.; Massachusetts, F. W. Abbott, M. D., C. E. Miles, M. D.; Connecticut, L. Bailey, M. D., G. B. Bristol, M. D.; New York, W. J. Krausi, M. D., C. W. Brandenberg, M. D.; New Jersey, Alexander Wilder, M. D.; Pennsylvania, R. E. Holmes, M. D.; Georgia, G. H. Doss, M. D., Geo. Adolphus, M. D.; Ohio, R. L. Thomas, M. D., R. B. Taylor, M. D.; Indiana, W. P. Best, M. D., E. B. Shewman, M. D.; Illinois, Thos. Owings, M. D., J. D. Robertson, M. D.; Michigan, F. B. Crowell, M. D., V. A. Baker, M. D.; Kentucky, Lee Strouse, M. D.; Tennessee, J. P. Harvill, M. D., A. B. Young, M. D.; Iowa, E. J. Foltz, M. D.; Missouri, E. F. Brockman, M. D., C. Palmer, M. D.; Arkan-

sas, Pearl H. Tatman, M. D., G. A. Hinton, M. D.; Texas, M. V. Morey, M. D.; Oklahoma, E. G. Sharp, M. D.; Kansas, S. F. March, M. D.; Nebraska, S. V. Stewart, M. D., W. N. Ramey, M. D.

From the Colleges: Eclectic Medical College of New York, G. W. Boskowitz, M. D.; Georgia Eclectic Medical College, Giles Hathcock, M. D.; Eclectic Medical Institute of Ohio, John K. Scudder, M. D.; Bennett Medical College of Chicago, N. A. Graves, M. D.; American Medical College of St. Louis, H. H. Helbing, M. D.; Kansas City Eclectic Medical College, S. F. March, M. D.; Lincoln Medical College of Nebraska, F. C. Wilmeth, M. D.

The College withdrew to the Committee rooms for the election of officers.

THE PRESIDENT—The New York Pharmaceutical Society appointed the following committee to wait upon the National Eclectic Medical Association with the greetings and good wishes of the Association: the names are Thomas J. Keenan, A. B. Husted, and W. H. Breckinridge. I have told them we would be ready to receive their greetings at a quarter to twelve. As soon as the Electoral College returns we will receive them.

Dr. Wyatt-Hannath then read a paper on Mechanical Vibratory Stimulation.

REPORT OF FINANCE COMMITTEE.

The following report was made by the Finance Committee: The Finance Committee respectfully offer the following report. We have carefully gone over the bills and receipts placed in our hands during the fiscal year now past and during this meeting and find them correct, also carefully examined same in connection with the treasurer's report and find that they agree and that the report is correct. The report of the treasurer was made yesterday and items reported. The bills were all sent to the Finance Committee, each one sent to them during the year to be O. K. before they were paid and we had the bills and vouchers all in our possession. It is not necessary to read this itemized report of the treasurer, as it was read yesterday.

Moved, seconded and carried that the report be adopted.

DR. THOMAS—The Committee on Credentials have received the name of Dr. H. S. Blackfan of New York, properly endorsed by his state president and secretary and we have the money. That requires no action.

CONGRATULATIONS OF THE NEW YORK PHARMACEUTICAL ASSOCIATION.

THE PRESIDENT—We have now with us the committee from the New York Pharmaceutical Association that we will be very glad to hear from at this time.

A MEMBER OF THE COMMITTEE—Mr. President: It is a natural experience of the New York Pharmaceutical Association, that we receive many delegations during the course of its meeting, but we were most agreeably surprised and honored yesterday by the reception of the delegation from this National Eclectic Medical Society, at the head of which was our honored friend, Prof. John Uri Lloyd. The Association, desirous of expressing its extreme appreciation of the courtesy and honor involved in the sending of the delegation, adopted a resolution this morning appointing myself, Prof. Gregory of Buffalo and Dr. A. B. Huested of Albany to attend your convention to-day and return the courtesy which you extended to us yesterday.

We wish to extend return greetings, and to wish you a very successful year. I am sorry that my colleague, Dr. Gregory, was not able to stay with us this morning, as he could have expressed with me the sense of obligation we felt in your sending to us our friend, Prof. Lloyd, whom pharmacists all over the country hold in the highest esteem and honor—we almost venerate his name. He has made many contributions to pharmacy, which have been fully recognized in the councils of the American Pharmaceutical Association, and in the State and local associations.

We all know Prof. Lloyd as a charming litterateur, as an author, and all in all it is seldom in the experience of the New York State Association that we have had such a delightful time as yesterday with the delegation from the National Eclectic Medical Association. We wish to thank you and renew our greetings.

PROF. HUESTED, of Albany—Gentlemen of the National Eclectic Medical Association, it is unnecessary for me to add anything to what has been said. My colleague has expressed the feeling we have for you, and if Dr. Gregory, of Buffalo, had been here, he possibly could have done better than I can. I simply wish to say that we appreciate the courtesies which your Association has extended to us and we are here to return the same. I feel that between medical and pharmaceutical associations there should always be good feeling. The pharmacist is the assistant to carry out the directions and

fulfill the work delegated to him by the physician, and there should be good feeling always between the two. I am glad to have this opportunity to state that the New York Pharmaceutical Association fully appreciates the work of the physician, and we stand ready always to second and assist him, and I believe that an exchange of courtesies is a good thing. We become acquainted with each other, and we have more respect for each other. I thank you for this opportunity of appearing before you.

EDWARD S. GOSS, of Syracuse—I am here simply as a substitute for Dr. Gregory. I belong to the rear rank of the New York State Pharmaceutical Association and I hardly feel I can say anything beyond what my friends here of the committee have said, but I certainly endorse all that they have said, and assure you that the New York State Pharmaceutical Association appreciate the honor that has been conferred upon them by the visit of the Committee from this honorable body, and I extend to you, as my friends have, the greetings of the New York State Pharmaceutical Association and extend to you my best wishes for a successful outcome of your deliberations.

The President asked Dr. Thomas to respond for the Association.

PROF. R. L. THOMAS, of Cincinnati—*Mr. President, Ladies and Gentlemen, and Members of the New York State Pharmaceutical Association:* I am sure it is the sense of our Convention that it is with a great deal of pleasure that we have received the greetings from this Pharmaceutical Association of New York. As has been suggested by one of the speakers, there should only be close relations, and the most friendly relations, between the pharmacists and the physician, for whenever there is placed in the hands of the physician a remedy or preparation that is not of high class order, the hands of the physician are tied. And so there should be, as I think there is, a very cordial and friendly relation between the two societies, and I am sure that the National Association now meeting extend their thanks for this cordial greeting and wish you abundant success in your meeting.

Prof. Lloyd, being called upon, responded as follows:

PROF. LLOYD—*Brothers and friends of the Pharmaceutical Association:* As I stated when I called upon my friends, it seemed as though I was leaving the house of my friends to go into the house of my other friends. It seemed as though I was home in both places, and I can only say that it pleased me very much, more than

I can tell our friends here. It pleases me very much indeed to see a delegation of pharmacists come to the Eclectic Medical Association. It is very pleasing indeed, and it indicates to me that we are appreciated as we ought to be in all directions. When a man like myself knows what the pharmacist has to contend with, and only a man who has been as I have in this school of medicine, knows what we have to contend with, it is an indication, and a very pleasing one, and it affords me great pleasure to repeat, if I can also voice again what Dr. Thomas has stated in welcoming our friends to the home we are in, and I want to thank Dr. Boskowitz personally for having offered the resolution that let us go as a committee to carry the greetings of this society to the New York State Pharmaceutical Association, which now brings back great things from that society to this one.

REPORT OF THE ELECTORAL COLLEGE.

THE PRESIDENT—Gentlemen, will you now receive the report of the electoral college?

Moved, seconded and carried that the report be received.

The College, by its Secretary, reported that having convened in the west committee room, the College organized and received nominations for officers. The balloting resulted in the election of the following officers for the Association for the coming year: President, J. Paul Harvill, M. D., Nashville, Tennessee; First Vice President, G. W. Thompson, M. D., of New York; Second Vice President, H. H. Brockman, M. D., of Eldon, Mo.; Third Vice President, Lillian G. Bullock, M. D., Manchester, New Hampshire; Recording Secretary, Finley Ellingwood, M. D., Chicago; Corresponding Secretary, H. H. Helbing, M. D., St. Louis, Mo.; Treasurer, B. K. Jones, M. D., Kenton, Ohio.

Put-in-Bay, Ohio, was selected as the next place of meeting.

The report of the committee was unanimously adopted by the Convention.

INSTALLATION OF OFFICERS.

THE PRESIDENT—I appoint Dr. Boskowitz, Dr. McCann of Indiana and Dr. Lee H. Smith of New York a committee to install the newly elected officers.

DR. BOSKOWITZ—It affords me great pleasure to introduce your

newly elected president. He knows—if he does not know, I am really telling him—that I did everything that I could to prevent him in this matter. He is here as the elected President of your Association and I can assure you that he will receive the support of the entire Association, and it is for that reason, from the fact that I have seen him work in this Association for several years with zeal and energy, and I know that his youth will bring an amount of enthusiasm to the organization which cannot help but permeate to every side in the ranks of the society. It is with great pleasure that I present to you Dr. Harvill of Tennessee.

DR. HARVILL—*Fellow Members of the National Eclectic Medical Association:* I desire to thank Dr. Boskowitz for his pleasing remarks, and especially do I thank this Association for the highest honor in the gift of the Association that they have bestowed upon me. The policy of my administration shall be more work and less talk; therefore I shall make no further remarks.

DR. MCCANN—*Ladies and Gentlemen and Fellow Physicians*: We are glad to be able to present to you, not one of the sterner sex, as they sometimes say, who seem to take most of the honors in this medical society. We are glad to be represented in our electoral college and in the officers of this National Eclectic Medical Association by a lady that comes from the New England States, and we hope this will occur in the west at a later time. I present to you your third vice president, Dr. Lillian G. Bullock.

DR. BULLOCK—*Members of the National Eclectic Medical Association:* I feel deeply grateful for the honor which has been bestowed upon me. Not because I am so egotistical as to think the honor is due me personally, but I acknowledge the fact that the honor is given to my sex. I wish to say at this time, to personally acknowledge the courtesy of the gentleman who, after he had been elected to this office, withdrew in favor of the woman from New England. I accept this honor with great gratitude.

DR. BOSKOWITZ—I have the distinguished honor of presenting to you the man who has been elected First Vice President of this National Association. The members of the Association may not know Dr. Thompson, and do not know him as we know him here in New York. All that we can wish for you is that you may have the opportunity to become acquainted with Dr. Thompson and know him as well as we do, and you will know there never was a better and stauncher friend, or a better man than Dr. G. W. Thompson.

New York City feels proud in having been honored in this way and feels that the National Association has honored itself in electing Dr. Thompson its first vice president.

DR. THOMPSON—I thank you, and I thank the Convention for the honor which you have conferred upon me, for I consider it a great honor to be Vice President of the National Association of Eclectic Doctors of the United States. It seems to me, however, there are many others much more deserving of this honor than I am. I have attended but very few, in fact but two, of your national meetings. My work has been in the city, my time has been thoroughly occupied there, the same as yours at home. Probably I should have neglected my business more and attended to duties in the work of the National Eclectic Association more than what I have. I assure you that any work that may devolve upon me to do, to assist any other officers of this society, I will be pleased to do it. I realize that the work of the presidency will not fall to my hands in this session. I hope the president will remain healthy, well and happy so as to preside at our future meeting. I again thank you for this honor. It may be out of place to say to you, but the sentiments that have been expressed by some of our prominent men are not just in accord with my views. I am a great believer in individuality and I believe Eclectic medicine has its individuality, and I tell you, beware of becoming absorbed, although I believe in living in harmony with other physicians. I believe in every doctor complying with the law, wherever he may be, and our school of medicine has gone through too great a struggle to ever become absorbed by the other school for a moment. It is a bad plan for small bodies to go up against large ones; the cohesive attraction is to cause the smaller bodies to adhere to the larger ones. Let me say to you, we must stand and we must fall by our belief. The younger physicians must soon become the older and you must always hold the banner of the Eclectic School of Medicine aloft. We must attend to our colleges and send our students there. Let me say in conclusion, if you do not retain your identity it will ultimately come about like a story I read in a magazine a short time ago. Remembering that missionary work had been done by different sets and different people, a colored gentleman that was imbued with all the enthusiasm of his race, thought that he would go down in the wilds of Africa and convert the whole race. After he had been there a short time he gathered the whole tribe around him and threw off his garments of civilization and be-

came one of the wildest of them. That is the great danger that will come to Eclecticism if we amalgamate—if we do not retain our identity. In the struggle they will soon become welded with the other school of medicine, and Eclecticism will die and we will drift backward to the centuries when the crude principles of medicine were tolerated.

DR. SMITH—It is with great pleasure that I present Dr. Ellingwood, your re-elected, re-incarnated Secretary of the Association. I feel that the Society has done itself a great honor in honoring Dr. Ellingwood for this position. Dr. Ellingwood has done much for the honor and glory of the practice of Eclectic medicine throughout the United States, and I feel that this Society, which has been served by him so well and effectually, has done well in electing him for another year.

DR. ELLINGWOOD—*Ladies and Gentlemen:* There is nothing in this world more to be desired than friendship. Without confidence there can be no friendship. That I have your confidence I have felt—not only confidence but appreciation. You have expressed it to me on a great many occasions. In fact, I can almost say I have never seen anything else but expression of confidence, since I was elected Secretary of this Society five years ago. This is the fifth time you have elected me. I am going to occupy but very little time. I have done for me a remarkable thing in this meeting of the Society, I don't know whether you have appreciated it or not. I don't know whether you noticed it or not. I have kept my mouth shut. I thank you cordially and heartily for this and every other expression of your confidence and friendship. I shall try to do as I have done before. I did my best; I shall do my best for another year.

DR. MCCANN—A little less than two score of years ago, back in our beloved alma mater, from day to day we met in the class room. Since that time Dr. Jones has been held in high esteem by those who have met or come in contact with him in both state and national associations. I am glad to have the privilege of presenting Dr. Jones, my old time classmate, to this Association as their treasurer for the coming year.

DR. JONES—*Members of the National Eclectic Medical Association:* I wish to heartily thank you for the honor that you have conferred upon me, and which, by the way, came unsolicited, and as I am told was unanimous. Some one said I could only rattle around

in Dr. Gemmill's shoes, but I am glad to do that, and I shall try to do that to the best of my ability. I realize the difficulties of my position owing to the superior efficiency of Dr. Gemmill, to whom, by the way, I personally owe a debt of gratitude which I can never live long enough to pay, and as the mantle falls from such worthy shoulders, I hope you will cast the mantle of charity upon my shortcomings.

DR. SMITH—It is with great pleasure that I introduce to you your Second Vice President. This society honors itself in electing him.

SECOND VICE PRESIDENT—*Ladies and Gentlemen:* I thank you for the honor conferred upon me as Second Vice President of the Association. I do not care to make any further speech at present.

Dr. Helbing was then properly installed as Corresponding Secretary.

PRESENTATION OF THE GAVEL TO THE NEWLY ELECTED PRESIDENT.

THE PRESIDENT—It affords me great pleasure as President of this Association, Dr. Harvill, to present to you this gavel. May you wield it in kindness and justice. I now declare the present elected officers duly installed and the committee on installation discharged.

DR. BOSKOWITZ—I want to say, that according to resolution adopted here this morning, your special legislative committee was continued. I desire to say that I find that it will be impossible for me to act on that committee next year, and ask you to appoint someone else in my place.

No appointment was made.

All business having been transacted, it was moved, seconded and carried that the convention of 1905 adjourn, to meet at Put-in-Bay, Ohio, on the third Tuesday in June, 1906.

W. E. KINNETT, M. D., *President.*

FINLEY ELLINGWOOD, M. D., *Recording Secretary.*

STATUS OF ECLECTICISM

CONNECTICUT.

Eclecticism in Connecticut is steadily gaining ground, we have about fifty-five members in good standing at this writing and have lost none during the year. We held a very interesting and successful annual meeting in May, a large number being present and the subjects discussed were very instructive. We still have some good Eclectics in the state outside of our society, but at our present progress we hope to enroll them all in the near future. The retiring president, Dr. Leonard Bailey, of Middletown, is our oldest living member, having joined the society in 1857. He is in the harness daily and enjoys a lucrative practice. The medical law of Connecticut gives the three schools of medicine equal rights and also has a reciprocity clause, which enables the Eclectics to retain their individuality in admitting their brother members. It makes the board of examiners judge the qualifications of the applicant without dictation of any one man or board of men in higher authority. Our next annual meeting will be held on the second Tuesday in May, 1906, at Hartford.

GEO. A. FABER, M. D., *Secretary.*

Waterbury.

GEORGIA.

Eclecticism in Georgia is steadily growing, and our men are recognized by all insurance companies. We have representation on the State Board of Health. One of our men is president of the Anatomical Board of Georgia. We have every advantage and are under the laws the equal of any physicians in the state.

At our last state meeting several new members were received into the association. About fifty per cent. of our men belong to the State Association. Our membership numbers about 150. The number of Eclectics in the state is 310. We have an Eclectic State Board composed only of Eclectic physicians.

The officers of the society are as follows: President, J. H. Powell, M. D., Fitzgerald, Ga.; First Vice President, Chas. H. Fields, M. D., Marietta, Ga.; Second Vice President, W. O. Durham, M. D.,

Maxeys, Ga.; Recording Secretary, L. F. Bugg, M. D., Madison, Ga.; Corresponding Secretary, Geo. A. Doss, M. D., Atlanta, Ga.

Our next meeting will be held April 1st, 1906.

Very respectfully,

GEO. A. DOSS, M. D., *Secretary*.

Atlanta.

IOWA.

There are registered in Iowa some 300, plus, Eclectic, physicians. A State Eclectic Medical Society was organized in 1868, and has held annual sessions since that date; of the charter members at its organization but one (E. H. Carter, M.D., of Des Moines, Ia.) is left in active membership.

With the comparatively large number of Eclectic physicians in the state, and the small number enrolled upon the books of the Society (some 39 active, out of 78 listed) the problem of enlisting the interest of those not yet identified with the Society becomes a serious and interesting one. Without a well-maintained state Organization, Eclecticism can hope for little or nothing in the way of recognition as a distinctive system of medicine.

During the past year, correspondence, in the way of a personal letter, was opened by the President of the Society, with each Eclectic physician in the state. The results were meagre. A few replied, perhaps one or two attended the meeting as a result, while the many had not the courtesy to acknowledge the receipt of the communication. Notwithstanding the poor results obtained, it is the intention of the present President of the Society to make more persistent efforts to overcome the apathy and indifference of the Eclectics, of Iowa, as they are not believed to be so superior in their attainments as to not be benefited by the means of association and exchange of views.

At the meeting held in May, last, there were but some twenty members present, but, despite the small attendance, it proved the most interesting and enjoyable held for many years. The papers read were excellent and drew out interesting, intelligent and instructive discussion.

It is the hope of those who have kept up the organization that the coming year will show renewed zeal and aroused interest in the cause of Eclecticism.

E. D. WILEY, M.D., *Secretary*.

Des Moines.

KANSAS.

Conditions in Kansas, from the Eclectic standpoint, are about the same as they were a year ago. We have added some to our number in the state, and have lost some, so that numerically we are about the same.

The interest in the state meeting of Eclectics was about the same numerically as it was last year; some of the same fellows were there that came the years before. Quite a number who have attended one session at some previous time have not since come back, and a number were there this year that have not attended before, and possibly will not soon be seen again.

It is this transient attendance of our state meetings that makes it so difficult to keep up an interest in the organization.

There are about 300 Eclectics in Kansas, so far as I am able to learn. All of these are doing well, some very well, some tolerably well, depending upon their qualifications for doing well.

There is room for about 500 more Eclectics in Kansas of the kind that are qualified to practice medicine. Of the mediocre we now have too many.

WANTED:—Good men who can come here and pass a reasonable examination before our State Board of Registration and go out and make a good practice and be successful. There is not a county in Kansas but what is waiting to be represented by a half dozen well-posted Eclectics. There is not a prominent city in Kansas but what has room for two or three or more Eclectics.

Good men wanted; poor ones need not apply.

Fraternally yours,

E. B. PACKER, M.D., *Secretary.*

Osage City.

KENTUCKY.

On May 10th and 11th, 1905, was held the seventeenth annual meeting of the Kentucky Eclectic Medical Association at Louisville.

Under a motion at the 1904 meeting the committee had re-incorporated under the present laws of the state, and prepared a new Constitution, By-laws, Rules and Regulations for its government, which were all accepted, putting the Association on a solid footing and in first-class running order, making the corporation perpetual, as the time limit of the original incorporation would soon expire.

We issued membership certificates to twenty-two full-paid members in good standing, and passed upon a list of ten who, upon the payment of one year's dues, will be in good standing and receive certificates. About fifteen were in attendance, nearly all having papers for the Association.

Some visiting physicians from the near-by Indiana side were in attendance, also some Homeopaths of the city were visitors. At the present writing those who have paid up and received their certificates make a total membership of twenty-six.

The Society met in Louisville in 1904, assembled in debt, and left the city with a debt hanging over their heads. One reason for this indebtedness was, we had to oppose a proposed new medical law before the Legislature in 1904. By so doing we got our rights, and a law not objectionable, as it would have been, if unopposed.

At the close of the 1905 meeting we paid all our bills, were out of debt, with a small amount in the treasury. Also with a larger membership than ever before, well organized and in good working order, all things pleasant and an enjoyable time was had.

Never before was there so much interest taken, and there seems uppermost in the minds of all that same interest for the future.

I want to say that there will every year be a meeting at some point in the state, and there is that quality that we can make ourselves felt before the public, and in the halls of legislation.

Louisville is in about the center of the state east and west, and there in the month of May, 1906, will be held our eighteenth annual meeting, the day to be fixed by the Executive Committee.

LEE STROUSE, M.D., *Secretary.*

Covington.

MICHIGAN.

It is with regret we say the spirit of Eclecticism in Michigan is not what we all would desire.

We have registered two hundred and seventy-seven Eclectics, and of this number forty-seven are in good standing in the state society, and twenty of these attended the Jackson meeting in 1905. We took in no new members at this meeting.

We are working for a large attendance at Detroit next May, and hope to secure many new members. The officers elected for the next meeting are: President, W. H. Snyder, M.D., Hastings; First Vice-President, J. E. G. Waddington, M.D., Detroit; Second Vice-

President, C. S. Sackett, M.D., Charlotte; Third Vice-President, E. T. Morris, M.D., Nashville; Treasurer, H. P. Evarts, M.D., Grand Rapids. Censors for two years, H. P. Evarts, M.D., Grand Rapids; Z. L. Baldwin, M.D., Niles; Wm. Bell, M.D., Belding.

F. B. CROWELL, M.D., *Secretary.*

Lawrence.

NEW YORK.

Eclecticism in the state of New York is established on a firm basis, and its principles are meeting with more and more favor as they become more generally known and understood.

There are about 500 Eclectics in the state, of which 200 are members of the state society. This organization is made up of eight auxiliary or district societies, the membership of each being limited to a certain district of the state.

The meetings of the parent body are held annually at the state capital or in New York City, and occasionally in other localities.

These sessions are well attended, many valuable and interesting papers are presented, and there exists to a marked degree harmony and good fellowship.

The Society publishes each year the minutes of its annual meeting and at frequent intervals a volume of transactions covering two or three years' meetings, together with the papers in full that are read or presented at these gatherings, as well as some of the papers presented at meetings of auxiliary societies.

The officers of this Society at present are: President, W. J. Krausi, M.D., Brooklyn; First Vice-President, R. W. Podgham, M.D,. Geneva; Second Vice-President, F. D. Gridley, M.D. (deceased), Binghamton; Third Vice-President, M. B. Pearlstien, M.D., Brooklyn; Treasurer, D. N. Bulson, M.D., Rockville Center; Corresponding Secretary, G. W. Boskowitz, M.D., New York City; Secretary, Earl H. King, M.D., Saratoga Springs.

The official organ of the state Society is the *Eclectic Review,* published by the faculty of the Eclectic Medical College of the City of New York, which latter is one of the prominent institutions of its kind in the country, and the pride of the state organization.

Both the college and the *Review* are worthy exponents of Eclectic principles and are doing a good work for the furtherance of the cause.

Connected with the college and in the same building is a free

dispensary in which are treated thousands of indigent patients yearly.

Associated with the college is the Beachonian Dispensary, which is also a purely Eclectic institution, where members of the faculty are consultants and the students are given instruction.

A prominent member of the faculty has recently secured control of the New York Physical and Surgical Hospital, which is now being conducted along Eclectic lines.

The medical laws of New York state are especially fair to all schools. All medical students are required to have a good preliminary education, which is reckoned by a certain number of regents' counts. These requirements now are equal to a high school diploma. There are three state boards which examine candidates to practice medicine, viz.: Old School, Homeopathic and Eclectic. These are each composed of seven members appointed by the University of the State of New York from candidates recommended by the respective state societies. All three boards are under the direction of the University, but each does its work independent of the other.

Written examinations on questions prepared by these boards are held several times throughout the year in various parts of the state, the questions for all candidates being identical except in the one subject of Theory and Practice and Therapeutics. In this subject the three boards each have individual questions. The candidate in all subjects designates which board he is before and his papers are all inspected and marked by that board, after which they are sent to the University at Albany, and a report made to the secretary of the board as well as to the candidate. If his papers show proper qualifications a license is immediately issued.

The candidate is known to the board by number only.

It is gratifying that each year for ten years past the Eclectic graduates who have come before the board representing the Eclectic Medical Society of the State of New York have shown a higher percentage of successful candidates than any of the other schools.

Each year experiences a loss of some old and staunch pioneers, but it is gratifying that many younger and equally enthusiastic men are continually being added to the ranks.

The meeting of the National Association within the borders of the state during the present year has been of great benefit and stimulated the already existing enthusiasm to a higher degree of activity.

Saratoga Springs. EARL H. KING, M.D., *Secretary.*

OHIO.

The Ohio State Eclectic Medical Association was organized in 1865 and has held forty-one annual meetings. For the past several years the meetings have been three days in session, which time is so divided up that each meeting is characterized by some form of recreation, side trips, etc. The actual work of the Association is divided into ten separate sections covering all the various branches of medicine, surgery and the specialties. A chairman, vice chairman and secretary are appointed for each section, and the first and second vice presidents have general supervision of the section work. The discussions are taken stenographically and add much to the interest of the proceedings.

The various addresses, papers, reports and discussions are published annually in a volume of "Transactions." This year the book comprises 384 pages and will compare favorably with the National Transactions.

The Eclectics of Ohio are represented on the Ohio State Board of Medical Examination and Registration by two very able men, Drs. J. K. Scudder and S. M. Sherman.

We are honored this year in having for president of our Association Bishop McMillen, M.D., of Columbus. This fact alone assures a successful meeting at Columbus, May 1, 2 and 3, 1906. The Association is in excellent condition in every way, and is second to none in the amount of actual work accomplished, interest and attendance.

J. P. HARBERT, M.D., *Recording Secretary.*

Bellefontaine.

OKLAHOMA.

Eclecticism in Oklahoma is represented by a few physicians who believe in its principles and who are willing to give some of their time and energy to advancing its cause, and by many more who, while successful practitioners, for one reason or another, have not identified themselves with our organization. Our state society was organized in 1902 with six members, and at once chartered. At the meeting of 1903 there were eight additions to our membership. In 1904 there were twelve more, and at our last meeting, held in this city last May, there were seven more, making a total of thirty-three, of whom one has since died and two have removed from the terri-

tory. Dr. D. N. Montgomery, of Franklin, who was one of our charter members, died in the fall of 1902. Our membership, though small, is not lacking in enthusiasm, and our meetings have been full of interest and many good papers have been presented.

The small numerical proportion of Eclectics to that of the dominant school in this territory is very marked, but they are almost without exception the successful practitioners of the communities where they reside. During the earlier years of the history of this territory there was considerable ostracism of Eclectics and Homeopathists by the dominant school, but during the past two years every inducement has been thrown out to us to become members of the local or county societies, thereby becoming members of the state society and, through the state, members of the American Medical Association; but I note with pleasure that thus far only one Eclectic graduate has given up his identity as an Eclectic to become a member of the dominant association. During the year just passed several new Eclectics have registered in our territory, and we anticipate them as accessions to our society. At the present time there are probably fifty or sixty reputable Eclectics in the state, aside from a number who are using the name for advertising purposes.

Our medical practice act, passed by the Legislature of 1903, provides that the "Board of Health of this territory shall be composed of three regularly practicing and legally qualified physicians in good standing," and the governor interpreted that to have no reference to the school or system of practice of the members of the Board, and accordingly appointed two of the dominant school and one Eclectic member in recognition of our organization in this territory. While all physicians who come into the territory to register must pass an examination, there is no discrimination against any physician on account of his school of practice. Our state society has had representations at the National every year since its organization, and we feel that its interests are ours.

At our last meeting the following officers were elected: Dr. W. T. Ray, Kelly, Okla., President; Dr. T. L. Noblitt, of Weatherford, Vice-President; Dr. E. G. Sharp, Guthrie, Secretary, and Dr. B. K. Wood, Anadarko, Treasurer. Our next meeting will be held in Oklahoma City early in May, 1906, and the outlook is as promising as we could expect. With the probabilities of joint statehood with Indian Territory in the very near future and a union of the two

territorial Eclectic Associations, I think our prospects are good and we will be heard from later on.

E. G. SHARP, M.D., *Secretary.*

Guthrie.

PENNSYLVANIA.

Our state meeting was attended by half of the members, and it would have been a good meeting had not the usual fuss or kicking come up. We lost half a day trying to make a change in the Constitution. There were no new societies reported. Last fall the Central Society of Western Pennsylvania met at Johnstown and reorganized. We took in five new members at our state meeting. I don't know as there is anything else I can report to you. I think there will be quite a few of our Pennsylvania doctors at the National.

Very truly,

N. M. SLOAN.

Latrobe.

SOUTH DAKOTA.

The status of Eclecticism in South Dakota is now on a firm foundation. Three years ago a law was enacted to regulate the practice of medicine and surgery. Two years before the Legislature was to meet the Regulars sent a committee to confer with the Homeopaths. Both societies were then in session at Sioux Falls. As there was no Eclectic Society then in the state I had become associated with the Homoepaths and was on that legislative committee. When the Legislature convened the Regulars invited the Homeopaths to meet with them at Huron to draft a suitable law, ignoring the Eclectics entirely. During the interval of the appointment of these two legislative committees I had the honor of issuing a call under the urgent demand of our National Secretary, Dr. Ellingwood, to organize the South Dakota Eclectic Medical Society. When I was notified of the proposed meeting to draft a law, I immediately notified every Eclectic and liberal M. D. in the state, and also the leading Homeopaths, protesting against the proposed bill, and asking their co-operation to defeat any bill unless the three schools were represented. The fight was fierce, but we forced the Legislature to recognize us as a distinct school and to represent us on the board by one member out of seven. The Homeopaths got two members and the Regulars five, each school to examine members from their school

in materia medica and practice. So much for organization, for without an organization we would have had no recognition.

I have now the addresses of some thirty Eclectics, graduates from Eclectic colleges, and some eight or ten more who are liberal and do not affiliate with the Regulars. There are quite a number more of Eclectics in the state that I hear of, but do not know their addresses, especially those west of the river and in the Black Hills country. Perhaps there are sixty Eclectics in the state.

Our society is in a good, healthy condition and all are alive to the opportunity for Eclecticism in South Dakota. We have been invited and undoubtedly will meet in joint session with the Homoepaths next year.

Dr. A. W. Hyde, of Brookings, is our President; Dr. John Seapy, of Gidden, First Vice-President; Dr. E. M. Morehouse, Yankton, Second Vice-President; Dr. W. E. Daniels, of Madison, Secretary and Treasurer. Our meeting next year will be held in Madison, perhaps in June.

I could place five or six good, active Eclectics in a paying business if could only get them.

I do not know of an Eclectic in the state but is doing a fine paying business.

Many communities want Eclectics only.

Fraternally,

W. E. DANIELS, M.D., *Secretary.*

Madison.

TENNESSEE.

The cause of Eclecticism in Tennessee is heartily supported by a limited number. Sorry to say it, there are some who, so far as manifesting a public interest in its support, are very indifferent. These do not attend the state meeting—do not respond but little to the invitations even to meet in organized effort.

But we have a respectable body of Eclectics who support and maintain its every principle and who dare to "beard the lion in his den." They support a respectable state organization and, thanks to their efforts, their number yearly becomes augmented.

The organization is known as the Tennessee Eclectic Medical Association. In the city of Nashville an auxiliary to the state society was reorganized by Dr. Ellingwood on his trip through the South two years ago. This society meets monthly and is known as

the Nashville Specific Medication Society. It is in a flourishing condition. The number of Eclectics in the state is about three hundred. From one-sixth to one-third of these lend help to the organization. Glad to note that all of our members supporting the organization have each excellent practices so far as I am informed. Many of those not members of the state organization are blessed with excellent patronage. I feel safe in saying that every qualified Eclectic in the state has not whereof to be ashamed as to success in the treatment of the sick, and as to a healthful support.

In order to accommodate our members in their section work our next state meeting will occupy three days. It convenes in Nashville, May, 1906, time definitely to be fixed later by the executive committee.

Wishing every organized effort in behalf of Eclecticism the success deserved, I beg to remain,

Yours most sincerely,

BENJ. L. SIMMONS, M.D.

Granville.

TEXAS.

We believe we are justified in claiming that in no state in the Union has our cause more occasion for being proud of its status, than in the state of Texas. There are perhaps two hundred and fifty active Eclectics in the state, and by far the larger proportion of these are enthusiastic members of the state society. We have our own State Board of Medical Examiners, and the standing of our physicians is second to none. The last meeting of our state society was a largely attended and enthusiastic session and a great deal of good work was accomplished.

The out-look for the future is excellent. As we have repeatedly said there are a great many excellent locations for Eclectic physicians in the state, and we will take pleasure in encouraging those who desire satisfactory locations to come to Texas, and we will do all in our power to help them to a successful location.

L. S. DOWNES, M.D., *Secretary.*

Galveston, Tex.

VERMONT.

There are probably about twenty-five Eclectics in this state, possibly more, who should be enrolled in our society, though there are

only fourteen active members. At our meeting last year it was decided to try and get all out. I arranged to have our New England Association meet with us, and promised an attendance of fourteen; and yet there were but seven members present. The only educational medical institutions in New England are all old school or Homeopathic, and we are running down. Few new members come in, and many of our men turn to the old school.

The New England Eclectic Medical Association was meant to combat that tendency, meeting in turn with our various state organizations, and within the next decade I fear it will be the only rallying point for several of our states.

Having been the secretary of our society for the past twelve years, I know what I am writing about, and yet feel as if it was the work of the secretary to keep the members interested and in touch with one another. Certainly I have failed to do so, but have tried to do my best.

Very truly yours,

Montpelier. PERCY L. TEMPLETON.

WEST VIRGINIA.

Our State Association, which was reorganized three years ago and got a new lease of life from the energetic efforts of our National Secretary, Dr. Ellingwood, had the best meeting this year in its history, and many new members came in, and I can say with a large degree of pleasure after several years of hard work among our physicians that the Eclectic Medical Association of West Virginia is now a success.

We have about 150 Eclectic physicians in West Virginia, and sixty-five of these are members of the Association. This a few of us have accomplished in the last three years. It will be impossible for me to attend the National this year, and am only sorry it is so, as my being present last year did me so much good.

I hope you can gather from this enough points to tell the brethren that West Virginia will be heard from.

G. R. MILLER, M.D., *Secretary.*

WISCONSIN.

I beg leave to report that our society had a small attendance this year, but a very satisfactory, harmonious and enthusiastic meeting.

For the first time in many years we were not favored with the presence of any visitors from the "Windy City." The county society plan has made some considerable inroads into our membership, as near as we could ascertain. Not many of the younger men who graduated at this time are coming into our state at present, and as our necrology committee are compelled to report a loss of membership from the ravages of the grim destroyer, Death, each year, it seems that we are doomed to a slow process of extinction.

Our old faithful members are determined to uphold our principles in this state, however, if only "two or three are gathered together."

It may be well to state that no regular Eclectic graduate has ever failed to pass our State Board of Medical Examiners. This is a fact in which our Eclectic members of the Board, E. P. Klahr and J. V. Stevens, take much pride. We have a "mixed" Board composed of three Allopaths, two Homeopaths, two Eclectics and one Osteopath. It takes six members of the Board to carry any measure or to grant a license.

All Osteopathic applicants are examined in all branches except surgery, and in the administration of medicines the same as all other applicants are, and if successful obtain licenses to practice Osteopathy only.

Very respectfully submitted,

J. V. STEVENS, M.D.

Jefferson.

PREAMBLE,

ACT OF INCORPORATION,

CONSTITUTION, BY-LAWS

AND

STANDING RESOLUTIONS

OF THE

National Eclectic Medical Association

Whereas, The right of doing good transcends all statutory and other enactments and the profession of healing is therefore radically a sacred one, to be exercised by any and every person duly qualified by natural endowments and acquired skill and knowledge; and,

Whereas, The practice of medicine has become conformed to the genius of the nineteenth century, and is no more the secret art of a sacerdotal caste or privileged order, to be hedged about by penal laws, ethical codes, or other instruments of barbarism and oppression, but has become the lawful vocation of citizens, like other callings; and,

Whereas, The Constitution of the United States of America, the constitutions of the several states, and the laws enacted in conformity with them, assure and protect this right of medical practice, and all legislation, political favor, or other discrimination tending to restrict or contravene the right, especially for the purpose of fostering any school of practice under the pretext of regularity, or superior scientific knowledge, is a violation of the spirit, if not of the express provision of those instruments, and ought to be discountenanced, disregarded, opposed and resisted as a departure from the principles of Republican government, as well as of natural right; and,

Whereas, The Reformed practitioners of medicine have the same and every right to the encouragement and protection of government as physicians of other schools, and all good citizens; and,

Whereas, The Legislature of the State of New York did, for the promotion of science and the establishment of an improved practice of medicine, enact the following Act of Incorporation:

AN ACT to incorporate THE NATIONAL ECLECTIC MEDICAL ASSOCIATION—Passed March 27, 1871.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. John Wesley Johnson, Stephen H. Potter, J. S. Cowdry, William Molesworth, R. A. Gunn, J. C. Hulbert, James M. Comins, Benjamin J. Stow, Robert S. Newton, William Jones, Herod D. Garrison, J. M. Harding, S. B. Munn, Dennis E. Smith, Horatio E. Firth, and those associated with them, are hereby associated a corporation, under the name of "The National Eclectic Medical Association," with the full rights and powers for the purpose of this act as natural persons.

SEC. 2. The object of this Association shall be to maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery and the dissemination of beneficial knowledge and an improved practice of medicine.

SEC. 3. The business of said corporation shall be managed by its Executive Committee, consisting of its President, Secretary, Treasurer, and such other officers as the Association shall designate; and elections shall be held annually, as provided by the Constitution. All persons so elected shall hold office for the term of one year, and until their successors are chosen. The persons elected in September last as officers of said corporation shall hold office till such election of successors. At all meetings of said Association fifteen members shall constitute a quorum for the transaction of business.

SEC. 4. The said corporation shall be subject to the provisions of title third, chapter eighteen, of the first part of the Revised Statutes and to the general laws for the government of scientific and benevolent associations so far as the same may be applicable and not inconsistent with the provisions of this Act; and,

Whereas, This Association has been duly organized in accordance with the provisions and purposes of the aforesaid statute;

We, the members of the Eclectic School of Medicine, subscrib-

ing in good faith to the doctrine and principles of Reformed Medicine, as formulated and announced from time to time, and duly proclaimed, do now adopt the following:

CONSTITUTION.

ARTICLE I. NAME.

This society shall be known by the name of "THE NATIONAL ECLECTIC MEDICAL ASSOCIATION."

ARTICLE II. OBJECT.

The object of this association shall be to maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery, the dissemination of beneficial knowledge, and an improved practice of medicine.

ARTICLE III. MEMBERSHIP.

This association shall consist of such permanent members as duly become such and conform to the requirements and regulations. Also, of delegates appointed by societies and medical colleges auxiliary to this association. The permanent members shall have full rights as such while in good standing in, and acting in co-operation with, this association. Delegates shall have the privileges of membership, subject to the By-Laws and other regulations, for the period of one year.

ARTICLE IV. OFFICERS AND EXECUTIVE COMMITTEE.

The officers of this association shall be: A President, three Vice-Presidents, a Corresponding and a Recording Secretary, and a Treasurer, who shall severally exercise the powers and duties assigned to such officers by the usages of parliamentary and corporate bodies. They shall constitute the Executive Committee of the association, for the transaction of all its business and affairs, when the association is not in session, except such as shall have been delegated to standing and other committees. Their official paper shall, whenever practicable, be authenticated by the seal of the Association.

ARTICLE V. COMMITTEE ON STATUS AND ORGANIZATION.

The Committee on Status and Organization shall consist of the Recording Secretary of this Association (who shall be its Chairman), the Secretaries of the several State Eclectic Medical Socie-

ties, and one member of this association or other suitable person, to be appointed by the President, from each State in which there is no state society. This committee shall meet on the evening of the second day of each annual session, to consider the condition of Eclecticism in the several states, and ways and means for a more perfect organization in this association and its auxiliaries. The report of the Committee shall be submitted to this association on the morning of the third day of the session.

ARTICLE VI. ADVISORY COMMITTEE.

At the opening of each annual session of this association, the President shall appoint an Advisory Committee of nine members, two of whom shall be selected from among the Past Presidents of this Association, two from among its officers, and five from among its delegates and permanent members, to which Committee all resolutions, reports, propositions and suggestions relative to financial and business affairs, management and legislation of the Association, as well as all matters other than medical and scientific subjects, shall be referred without debate thereon, and no discussion shall be had in the association upon any subject so referable to such committee except upon the report of said Advisory Committee thereon.

ARTICLE VII. ELECTORAL COLLEGE.

Upon the last day of each annual session of this association, an Electoral College shall be chosen as follows: The members residing in, and the delegates representing the state society of, each state, present at the session, shall elect, by majority vote, two members, and delegates from each medical college recognized by and represented in this association shall elect one member. The Electoral College thus chosen, having convened and duly organized, shall by ballot vote elect the officers, and designate the place of meeting for the next annual session, of this association.

ARTICLE VIII. REPORTS AND ESSAYS.

Within six months before the holding of each annual session of this association, the President shall designate members as chairmen and secretaries of the several Sections, whose duty it shall be to procure papers and reports for their respective Sections, to be submitted at the ensuing annual session. Every member of the association, however, may communicate to the association or its secretary, such discoveries, improvements, suggestions and interesting

cases, as he shall consider useful, and may present papers or essays on topics connected with medical science or practice, and the same, whenever judged of sufficient importance, may be published in the Transactions.

ARTICLE IX. MEETINGS AND QUORUM.

This association shall convene in annual session, at 10 o'clock a. m. of the third Tuesday of June in each year, and at such place as the Electoral College shall have designated. The Executive Committee, however, shall have power to change time and place in case emergency shall arise that makes such change necessary or expedient. The period of each annual session shall be at least three days. Fifteen members shall constitute a quorum for the transaction of business.

ARTICLE X. AUXILIARIES.

State Eclectic Medical Societies in the several States, and County, City and District Eclectic Medical Societies in States which have no State Society, accepting the Constitution prescribed by, and recognizing the authority of this association, and Medical Colleges recognized by this association, shall be auxiliaries to and entitled to representation in this association. State societies shall pay per capita tax, when this association shall so direct by two-thirds vote.

ARTICLE XI. AMENDMENTS, BY-LAWS, ETC.

This association has power and prerogative, to enact By-Laws for its government, consistent with the provisions of this constitution, and to prescribe forms of Constitution for State, which elect to be auxiliary to this society, County, City and District Eclectic Medical Societies. Amendments thereto, and to this Constitution, may be made at an annual session of this association, by affirmative vote of not less than two-thirds of the members present, notice thereof having been given at the previous annual session, and printed in the announcement of the session at which the vote is taken thereon. Such previous notice, however, may be dispensed with, and an amendment adopted at the annual session at which it is proposed, if, after lying on the table one day, the vote therefor is unanimous.

BY-LAWS.

ARTICLE I. MEMBERSHIP.

SECTION 1. This association, upon recommendation of Committee on Credentials, may receive as permanent members such persons, graduates of medical colleges recognized by this Association, or physicians of fifteen years' practice, who are legally qualified to practice medicine in their respective States, as shall be duly accredited as delegates to this association by their respective State Eclectic Medical Societies, auxiliary to this association; also, applicants qualified as above, from States having no State Society, who shall be nominated and vouched for by two or more members of this association; also, persons of high scientific attainments, upon nomination of a member of this association. Foreigners of high medical and scientific attainments, and citizens who have rendered signal service to the Eclectic medical profession, may, upon nomination of a member of this association and recommendation of the Committee on Credentials, at an annual session of this association, be elected to honorary membership at the next annual session.

SECTION 2. Every State Eclectic Medical Society, and every Medical College, auxiliary to this association as prescribed by the Constitution, shall be entitled to appoint delegates annually to this association. The credentials of each delegate shall set forth his academic rank, the institution from which and the year in which he received the degree of Doctor of Medicine, and the time during which he has been engaged in the practice. Such credentials, when accompanied by the admission fee of five dollars, shall be duly referred, without reading, unless such reading shall be called for by vote, to the Committee on Credentials.

SECTION 3. The Committee on Credentials shall post, in a conspicuous manner, in the place of meeting, all names referred to them before action shall be taken thereon. Each applicant reported favorably by the Committee on Credentials, shall be admitted without vote, unless vote by the association shall be demanded by ten members.

ARTICLE II. FEES AND DUES.

SECTION 1. Every person elected to permanent membership, shall complete such membership, on payment of fee of ten dollars, and after the first year, shall pay an annual due of five dollars. He shall report his place of residence annually, to the Secretary of this

association, at the time of the annual session, or within one month thereafter. Past Presidents, and other worthy members, of this association, upon two-thirds vote of all the members present at an annual session, may be exempted from the payment of annual dues, but not from duty of annually reporting place of residence, and members so exempted shall be designated Exempt Members.

SECTION 2. Each permanent member shall be entitled to a certificate of membership, duly authenticated by the signature of the President and Secretary, and the seal of the association, and, on payment of annual dues shall be entitled to a printed volume of the Transactions. Duplicate of a lost certificate may be given on payment of two dollars.

SECTION 3. On the second, and also on the third, day of each annual session, the Treasurer shall report, in open session, the names of all members in arrears for dues. A member so reported shall not be entitled to exercise the rights of members until his or her arrears for dues shall be paid.

SECTION 4. Omission to pay annual dues for two years shall be equivalent to a surrender of membership. A member so suspended may be reinstated, on payment of the amount of two years' dues, upon recommendation of the Committee on Credentials.

ARTICLE III. ETHICS.

SECTION 1. The members of this association shall exercise toward each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified, and unworthy an honorable practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or of advertising which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates.

ARTICLE IV. DISCIPLINE OF MEMBERS.

SECTION 1. Any member may be officially censured, invited to withdraw, or be expelled from membership, for unprofessional or other improper conduct or for violation of professional comity, but specific charges shall be first made in writing, and one copy presented to the accused, or to some person authorized to act in his behalf, and another to the Secretary, at least one month before the annual session at which action is taken.

SECTION 2. Members who, as professors or officers of colleges, vote or otherwise co-operate in the conferring of the Degree of Medicine, on any person not duly entitled to the same by the necessary attendance on medical lectures and thorough examination, shall be liable to discipline as provided in this Article.

SECTION 3. A member of this association, who commends a proprietary medicine which is advertised to the public, whether the formula be known or not, shall be subject to discipline, as above provided, for unprofessional conduct.

SECTION 4. Any person expelled from this association shall not be received as a delegate to this Association, until the Society, whether state or local, to which he shall belong, shall show good and sufficient cause for reinstatement in this Association.

ARTICLE V. MEDICAL COLLEGES.

SECTION 1. The schedule of requirements for graduation of students in medical colleges recognized by this association shall be the same as are prescribed by and fulfilled in the minimum requirements of the National Confederation of Eclectic Medical Colleges, which Confederation shall be under the direction of this association, and to it shall be referred for its action all matters pertaining to the study of medicine. At each annual session of this association, the National Confederation of Eclectic Medical Colleges shall report for approval all business transacted by it. No college shall be given recognition by this association as a medical college, until it shall have held four annual terms and graduated a class, and shall be shown to have complied in all other respects with the requirements of the National Confederation of Eclectic Medical Colleges. The list of Medical Colleges recognized by this association shall be published in the Transactions of each annual session.

ARTICLE VI. DUTIES OF OFFICERS.

SECTION 1. The President shall have general supervision of the association, and shall appoint the following standing committees, in addition to those named in the Constitution:

1st. On Credentials: An annual committee, to consist of three members, to act on all applications for membership or reinstatement.

2nd. On affairs of medical colleges: A permanent committee to consist of one member from each college, whose duty it shall be to consider such contingent matters as may arise concerning the

status of medical institutions, and to whom all complaints and matters of dispute relating to medical colleges, shall be referred without debate.

3rd. On grievances: An annual committee, to consist of five members, to whom shall be referred all complaints and disputes between members, and charges against members of unprofessional conduct.

4th. On medical legislation: An annual committee, consisting of one member from each state. To this committee shall be referred, without motion, all matters pertaining to the enactment and enforcement of laws for the regulation of the practice of medicine in the several States affecting the status of Eclectic medical colleges and Eclectic physicians of such States.

5th. Finance committee: An annual committee consisting of three members, to whom shall be referred all matters of expense for the ensuing year, excepting salaries and such other expenses as may be fixed by the association. It shall be the duty of this committee to audit the accounts of the Secretary and Treasurer, and report at the annual meeting at such times as the report may be called for. In case this committee shall fail to approve or disapprove any bill, within ten days after its submission for audit, the Secretary may report the omission to the President, who, with the Treasurer and one of the Vice-Presidents, shall thereupon have power to audit such bill and on such audit to approve or disapprove the same.

SECTION 2. The Vice-Presidents are to co-operate with the President in furthering the interests of this association, and in case of his absence or death, assume his duties in their respective order.

SECTION 3. The Recording Secretary shall have charge of the proceedings of this association, and shall act as custodian of the property of the same. He shall keep the records of the meeting, and shall keep a complete file of all books and papers belonging to the association. He shall act as Editor of the Transactions, and in connection with the President and Treasurer, shall act as the publishing committee. At the expiration of his official term he shall turn over to his successor, in good order, the appurtenances of his office.

SECTION 4. The Recording Secretary and Treasurer shall receive reimbursement for expenses incurred, for travel to and from the meetings, together with hotel bills.

SECTION 5. The Corresponding Secretary, in addition to the

usual duties of such office, shall, under the direction of the President, have charge of and make arrangements for the sessions of the Association, and shall procure reduced railroad rates, and otherwise aid the officers in the performance of their work.

SECTION 6. The Treasurer shall collect and disburse and have charge of all moneys belonging to the Association and its members, collecting all dues, and paying all current and other bills approved by the Finance Committee. He shall render a statement, at the close of each fiscal year, of his receipts and his disbursements.

ARTICLE VII. SECTIONS, PAPERS AND ESSAYS.

SECTION 1. Provision shall be made for the holding of as many Sections as may be desired, at annual sessions of this association. All papers designed for this association shall be accepted and read, or referred by title in its appropriate Section, and become the property of the association. In the absence of any officer of any Section, the vacancy shall be filled by an appointment by the President.

SECTION 2. The Chairman of each Section shall convene his Section at the earliest possible opportunity, and all papers that have been submitted shall be considered, and the recommendations of the Section communicated to the association. The reading of any paper or essay shall consume not more than fifteen minutes, and no member shall speak more than twice on the same subject, nor consume above five minutes. The entire discussion of any subject shall not occupy more than thirty minutes.

SECTION 3. No paper or essay shall be presented in any Section, except by a member of the association.

SECTION 4. The Secretary of each Section shall submit to the Secretary of the association full list and report of all papers and essays presented, and the Section's recommendation thereon, and at the close of each annual session shall deliver all papers, essays, documents and records of the Section to the Secretary of the association.

ARTICLE IX. TRANSACTIONS AND PUBLICATIONS.

SECTION 1. All papers read or submitted by title to this association shall be its property, and shall be published only at the discretion of the Publishing Committee in the Annual Transactions, though members may reserve the right, if they wish, to copyright the same, the fact to be so stated in the published reports of the association. Papers, to be entitled to publication in the Transactions, shall be in the possession of the Recording Secretary within

twenty days after the close of the annual meeting of the association. No paper previously published in any periodical, or in any other form for distribution to the public or to the profession, shall be published by this association.

SECTION 2. The Transactions shall be published annually, bound in cloth, and the Recording Secretary is authorized to present copies to public libraries, State Boards of Medical Examiners and other bodies and persons, when, in the judgment of the Executive Committee, the welfare of this association would be enhanced thereby.

SECTION 3. At least two National Association bulletins shall be published each year. It is also the duty of members to utilize the public press in every possible way, to inform the world of our belief and confidence in the virtue of our Materia Medica, and the success that usually follows the administration of our remedies.

STANDING RESOLUTIONS.

[Standing resolutions, though often but an expression of sentiment, have really the importance of by-laws, when relating to business. The Secretary, pursuant to instructions, has omitted from the category all those which have, subsequent to their adoption, been incorporated into the Constitution and By-Laws of the National Association, and also those which have been virtually superseded by others more recently adopted, or which have been rescinded.]

ECLECTIC MEDICAL COLLEGES RECOGNIZED.

Resolved, That the National Eclectic Medical Association recognizes the following Eclectic colleges as being in good standing and recommends that they receive the support of our profession:

(*a*) Eclectic Medical Institute, Cincinnati, Ohio.

(*b*) The American Medical College, St. Louis, Missouri.

(*c*) The Eclectic Medical College of the City of New York, New York City, New York.

(*d*) The Bennett College of Eclectic Medicine and Surgery, Chicago, Illinois.

(*e*) The California Medical College, San Francisco, California.

(*f*) The Georgia College of Eclectic Medicine and Surgery, Atlanta, Georgia.

(*g*) The Lincoln Medical College, Lincoln, Nebraska.

(*h*) The Kansas City Eclectic Medical College.

The following institutions were in good standing and should be so considered up to the date at which they ceased to exist:

The United States Medical College, New York City, New York. (1878 to 1882.)

The Eclectic College of Physicians and Surgeons, Indianapolis, Indiana. (1890 to 1894.)

The Iowa Eclectic Medical College, Des Moines, Iowa. (1887 to 1893.)

The Eclectic Medical College of the Drake University, Des Moines, Iowa.

The Beach Medical College, Indianapolis, Indiana. (1885 to 1886.)

The Indiana Eclectic Medical College, Indianapolis, Indiana. (1880 to 1890.)

The Eclectic Medical College of Pennsylvania, Philadelphia. (1856 to 1870.) Not extinct till 1880.

The Worthington Medical College, Worthington, Ohio. (1832 to 1838.)

The Eclectic College of Medicine and Surgery, Cincinnati, Ohio. (1856 to 1859.)

The Syracuse Eclectic Medical College, Syracuse, New York. (1850 to 1857.)

The Worcester Medical College, Worcester, Massachusetts. (1848 to 1859.)

The Reform Medical College, New York City, New York. (1836 to 1838.)

EXHIBITION OF WARES.

Resolved, That in the future sessions of this Association no exhibitions of pharmaceutical preparations, tables of medicines and surgical instruments, signs, show cards, and circulars of remedies the names of which are secured by trade-mark, shall be allowed in the hall used for the deliberations of this Association.—*Adopted June 22,* 1882.

LOST CERTIFICATES OF MEMBERSHIP.

Resolved, That the President and Secretary are hereby authorized to duplicate lost certificates on the payment of expenses for the same.—*Adopted June* 19, 1878.

STANDING OF MEDICAL COLLEGES.

Resolved, That no college shall be recognized as a medical

college, in good standing, by the Association until it shall have held four annual sessions and have graduated a class, and in all other respects complied with the requirements of the National Confederation of Eclectic Medical Colleges.—*Adopted June* 19, 1901.

PUBLICATION OF PAPERS.

WHEREAS: In the published volume of our Transactions, papers and essays appear written by parties who are not members of this Association. Therefore be it

Resolved, That no essay or paper be presented at our meetings, or published in our Transactions, except by duly qualified members of this Association.

Resolved, That all papers actually read or read by title before this Association must be placed in the hands of the Publication Committee within twenty days after the adjournment of this Association to be entitled to publication in the Transactions, and be it further

Resolved, That no paper be published by this Association that has been previously published in any periodical or in any other form for distribution to the public or to the profession.

The resolutions were adopted June 11, 1903.

ARRANGEMENT FOR SECTION WORK.

WHEREAS: The increased attendance at our meetings and the large number of papers to be presented each year during the limited time at our disposal, in the opinion of your committee, make some changes respecting Section Work desirable and necessary. Therefore, be it

Resolved, That provision be made for the holding of two or more sections at one time at the future meetings of this Association. The resolution was adopted June 11, 1903.

REINSTATEMENT OF MEMBERS.

Resolved, That any members who may have been suspended for non-payment of dues may be reinstated on the payment of back dues which shall in no case exceed an amount equal to the dues for the first two years of such period of suspension and provided: That they are recommended by the Committee on Credentials for reinstatement.

The resolution was adopted June 11, 1903.

DIFFUSION OF PRINCIPLES.

Resolved, That we shall consider it our duty to use the public press when occasion warrants, to inform the people of our belief and confidence in the virtue of our Materia Medica and the success that universally follows the administration of our remedies.

The resolution was adopted June 16, 1904.

ACTS FOR ASSESSMENTS RESCINDED.

Resolved, That all resolutions and provisions regarding the assessment of state societies for the benefit of this Association be rescinded.

The resolution was adopted June 11, 1903.

MINIMUM REQUIREMENTS OF THE NATIONAL CONFEDERATION OF ECLECTIC MEDICAL COLLEGES.

The following are the minimum requirements of the National Confederation of Eclectic Medical Colleges:

FIRST.—Preliminary Requirements.

1. Creditable certificate of good moral standing.

2. Good English education, to be attested by (a) first grade teacher's certificate; (b) a diploma from a graded high school or literary or scientific college or university; (c) regent's medical student's certificates; (d) entrance examination.

3. An elementary knowledge of natural history, physics and Latin.

SECOND.—Advanced Standing.

Graduates from pharmaceutical, dental and veterinary colleges may be allowed one year's time on a four-year medical course only on condition that they comply with the entrance requirements and pass all examinations and perform all laboratory work embraced in the course of study of the freshman year. One year's advanced standing may be given students with degrees from a recognized literary college who have taken a preparatory medical course.

THIRD.—Course of Instruction.

The course of instruction shall consist of a four-year graded course or its equivalent, as herein prescribed, including four sessions of six months in four different calendar years.

The following graded course is recommended:

Branches in the Freshman Year.

Anatomy, dissection, osteology, chemistry, physiology, histology, materia medica and pharmacy.

Examinations to be held on all first-year studies, and be final in chemistry, osteology, histology, materia medica and pharmacy.

Branches in the Sophomore Year.

Anatomy, dissection, toxicology, physiology, pathology, bacteriology, therapeutics, physical diagnosis, hygiene, minor surgery and bandaging.

Examinations in all second-year studies and final in anatomy, toxicology, physiology, pathology, bacteriology, physical diagnosis, hygiene, minor surgery and bandaging.

Branches in the Junior Year.

Practice and principles of medicine, diseases of children, surgical anatomy and operations upon the cadaver, the principles and practice of surgery (including orthopedic surgery), gynecology, obstetrics, electro-therapeutics, medical jurisprudence.

Examinations in all third-year studies, and final in therapeutics, surgical anatomy and electro-therapeutics.

Senior Year Branches.

Practice and principles of medicine, diseases of children, principles and practice of surgery, gynecology, obstetrics, diseases of the eye, ear, nose and throat, venereal diseases and dermatology, medical jurisprudence.

In addition to the above branches the students in the junior and senior years are required to attend clinics and autopsies and do practical laboratory work in medical diagnosis.

FOURTH.—Attendance and Examinations.

Regular attendance during the entire lecture course is required, allowance to be made only for absence occasioned by the student's sickness, such absence not to exceed twenty per centum of the course.

Regular examinations or quizzes to be made by each professor or lecturer from time to time during the term.

Final examinations on the branches held, to be conducted by competent examiners.

Each student shall have dissected the lateral half of the cadaver, the dissection to be in two separate years.

Attendance upon clinical and hospital instruction and instruction at autopsies.

FIFTH.—Requirements for Graduation.

Attainment of twenty-one years of age.

Creditable certificate of good moral standing, and good conduct while in college.

Attendance on four courses of medical lectures of six months each, or its equivalent.

Regular attendance during the course of lectures, clinics and quizzes.

Satisfactory examination in all branches, with a rating of not less than seventy per centum average.

Attendance on two courses of lectures on anatomy, and the dissection of the lateral half of the cadaver.

Societies Auxiliary to the National

Arkansas Eclectic Medical Association.
California State Eclectic Medical Society.
Chicago Eclectic Medical and Surgical Society.
Cincinnati Eclectic Medical Society.
Connecticut Eclectic Medical Association.
Florida Eclectic Medical Society.
Georgia Eclectic Medical Association.
Illinois State Eclectic Medical Society.
Indiana Etate Eclectic Medical Association.
Iowa State Eclectic Medical Society.
Indian Territory Eclectic Medical Society.
Kansas Eclectic Medical Association.
Kentucky State Eclectic Medical Society.
Maine Eclectic Medical Society.
Massachusetts Eclectic Medical Society.
Michigan State Eclectic Medical and Surgical Society.
Minnesota State Eclectic Medical Society.
Missouri State Eclectic Medical Society.
Nebraska State Eclectic Medical Society.
New Hampshire Eclectic Medical Society.
Eclectic Medical Society of the State of New Jersey.
Eclectic Medical Society of the State of New York.
Ohio Central Eclectic Medical Society.
N. W. Ohio Eclectic Medical Society.
Ohio State Eclectic Medical Association.
Oklahoma Eclectic Medical Society.
Oregon State Eclectic Medical Association.
Eclectic Medical Association of Pennsylvania.
South Dakota Eclectic Medical Society.
Tennessee State Eclectic Medical Society.
Eclectic Medical Association of Texas.
Eclectic Medical Association of the State of Washington.
Eclectic Medical Association of West Virginia.
Wisconsin State Eclectic Medical Society.

LIST OF MEMBERS

NINETEEN HUNDRED AND FIVE.

[This list has been duly revised from the latest information in the possession of the Secretary and Treasurer. If any here listed do not receive the Transactions, it will be because of a change of location of which the Secretary has not been informed, or because of the constitutional inhibition. —By-Laws, Article III, Section 4.

[The President and former Presidents are named in SMALL CAPITALS, Recording Secretaries in *italics*, members exempted from the payment of annual dues by the designation *ex*.

Year.

Abbott, F. W., 72 Broadway, Taunton, Mass.....1890
Acton, T. J., Eubank, Ky.....1904
Adolphus, Geo., Atlanta, Ga.....1904
Alderman, Louis, New York City.....1905
Alexander, B. J., Hiawatha, Kan.....1890
Alexander, John H., Mukwonago, Wis.....1877
Anderson, J. M., Barnesville, Ga.....1903
Archer, J. A., Grenola, Kan.....1904
Artman, Byron L., Garden Plain, Kan.....1903
Atkins, Albert J., 495 Parrott Building, San Francisco, Cal...1903
Austin, F. H., Jamestown, Ind.....1903
Aylsworth, George M., Collingwood, Can.....1901

Bailey, Leonard, Middletown, Conn.....1882
Baird, O. C., Chanute, Kan.....1904
BAKER, VINCENT ALEX., 31 W. Maumee St., Adrian, Mich..1870
Baldridge, Ezra R., Rosedale, Ind.....1903
Baldwin, M. F., Converse, Ind.....1902
Baldwin, Zell L., Niles, Mich.....1897
Bangert, John R., Shippenville, Clarion County, Pa.....1894
Barnes, Ed. W., Monessen, Pa.....1904
Barnes, Theo., Chariton, Iowa.....1904
Baurichter, C. H. *ex*.....1885
Beals, F. M., Mattoon, Ill.....1901
Bement, D. R., Mt. Ayr, Iowa.....1904
Bennett, Isaiah, Wilsonville, Neb.....1904
Bennett, Rorick, 38 Winter St., Detroit, Mich.....1899
Best, William P., 2218 E. 10th St., Indianapolis, Ind.....1898
Billenkamp, Sophia, 3636 Hebert St., St. Louis, Mo.....1904

Billings, J. S., Athensville, Ill.....1904
Billman, J. M., Sullivan, Ind.....1903
Birkenhauer, Henry J., 216 E. 17th St., New York.....1901
Bishop, T. S., Albany, Mo.....1899
Blackfan, Cambridge, N. Y.....1905
Blank, J. C., Elk City, Kan.....1904
Blankmeyer, H. H., Honey Grove, Tex.....1903
Blosser, H. V., Ft. Wayne, Ind.....1902
BLOYER, WILLIAM E., The Lancaster, 222 W. 7th St., Cincinnati, Ohio 1887
Bonner, J. A., Holyoke, Mass.....1905
Borland, J. R., Franklin, Pa.....1873
BOSKOWITZ, GEORGE W., 140 W. 71st St., New York City....1882
Bostick, John C., Benton Harbor, Mich.....1902
Bowles, Thos., Harrison, Ohio.....1904
Brandenburg, Chas. W., 223 E. 14th St., New York City.....1900
Brewer, Jay B., Jefferson, Wis.....1897
Bristol, George B., Middlebury, Conn.....1903
Brockman, H. H., Eldon, Miller County, Mo.....1895
Bronson, Eugene E., Ganges, Allegan County, Mich.....1892
Brothers, C. E., Mineral Point, Ohio.....1899
Brown, C. N., Fairmount, Ind.....1903
Brown, De Ella, 1100 S. 4th St., Terre Haute, Ind.....1903
Brown, H. V., Griswold, Iowa.....1904
Bullis, Wm. L., Allerton, Wayne County, Iowa.....1903
Bullock, L. J., Manchester, N. H.....1905
Burns, John W., Viola, Wis.....1902
Busby, Isaac M., Brooklyn, Iowa.....1889
Bushnell, C. H., 1686 N. Clark St., Chicago.....

Campbell, R. O., College Corner, Ohio.....1903
Canfield, Moses, Frankfort, Ind.....1903
Cannon, Chas. M., 946 Raymond Ave., St. Paul, Minn.....1901
Carper, D. W., Henning, Ill.....1902
Carter, Edwin H., 407 W. Walnut St., Des Moines, Iowa....1890
Church, W. B., Holland, Mich.....1902
CLARK, ANSON L., 106 Spring St., Elgin, Ill.....1870
Clayburg, P. C., 2609 Park Ave., St. Louis, Mo.....1902
Clotts, D., Black Lick, Ohio.....1899
Coe, Erling C., San Francisco, Cal.....1904
Coe, George D., Carthage, Mo.....1901
Coffin, Orlando S., 1550 E. 10th St., Indianapolis, Ind.....1894
Cole, Charles E., Prairie du Chien, Wis.....1893
Coleman, J. M., Pekin, Ill.....1903
Cook, F. S. W., 625 Stickney Ave., Toledo, Ohio.....1901
Cooper, T. W., Brownsville, Tenn.....1904
Conley, C. W., Eaton, Ohio.....1901
Cosford, J. W., 1716 Monroe St., Spokane, Wash.....1888

Cosford, Mary B., 1716 Monroe St., Spokane, Wash.....1888
Cowan, E. H., Crowell, Texas.....1904
Crance, A. J., Pasadena, Cal.....1904
Crawford, R. B., 101½ Adams St., Chicago.....1901
Crow, Charles R., Indianapolis, Ind.....1903
Crowell, F. B., Lawrence, Mich.....1902
Cummings, G. F. M., Rock Mart, Ga.....1904
Cummings, J. O., Wilcox Bld'g, Nashville, Tenn.....1904

Daniel, Marquis E., Honey Grove, Texas.....1890
Daniels, C. J., Cisco, Tex., *ex*.....1885
Darling, O. C., Riverside, Cal.....1904
Davidson, Alex W., Poplar Bluff, Mo.....1898
Davidson, Eric A., 868 Osgood St., Chicago, Ill.....1898
Davis, Geo. W., Marion, Ind.....1903
Davis, J. B., Pontiac, Ill.....1900
Davis, S. A., Salem, Oregon.....1896
Dech, E. J., Easton, Pa.....1904
Deimel, H. L., New York City.....1896
Denkinger, J A., Boston, Mass.....1905
De Ver, Hugh J., 148 N. Wier St., Waterbury, Conn.....1903
Dickey, Ross V., 563 S. Main St., Lima, Ohio.....1903
Doll, Henry J., 211 W. 69th St., New York City.....1900
Doss, Geo. A., Moreland, Ga.....1903
Dowdell, Charles, Ennis, Texas.....1891
Downs, L. S., Galveston, Tex.....1899
Doyle, Theodore, 15th and Harrison Sts., Kansas City, Mo...1903
Durham, L. D., Maxeys, Ga.....1903
Durham, Wm. M., Atlanta, Ga.....1872
Duvall, B. E., Dixon, Ill.....1901
Duvall, J. R., 101½ Whitehall St., Atlanta, Ga.....1899

Edson, C. C., Veedersburg, Ind.....1903
Ekermeyer, Charles W., Montgomery, Ohio.....1900
Ellingsen, Elling H., Calmar, Iowa.....1900
Ellingwood, Finley, 2209 Central St., Evanston, Ill. 1887
Entz, J. C. Hope, Kan.....1898
Evans, J. T., Springfield, Mo.....1904
Evarts, Henry P., 1575 Burton Ave., Grand Rapids, Mich..1893
Ewing, Cicero M., Tyrone, Pa.....1883

Faber, George A., 45 Center St., Waterbury, Conn.....1888
Farabough, J. A., Clinton, Ky.....1901
FARNUM, EDWARD J., 103 State St., Chicago, Ill.....1889
Fay, F. Gobel, Sacramento, Cal.....1904
Fearn, John, 1165 Clay St., Oakland, Cal.....1888
Felter, H. W., 1733 Chase Ave., Cincinnati, Ohio.....1896
Field, C. H., Marietta, Ga.....1903

Fitch, Charles W., 640 Madison Ave., New York City.....1893
Flack, W. F., Longton, Kan.....1904
Foltz, Eloise G., Perry, Iowa.....1898
Foltz, Kent O., 105 Odd Fellows' Building, Cincinnati, O.....1899
Foote, Edward B., 120 Lexington Ave., New York City....1873
Forest, J. H., Marion, Ind.....1901
Fossett, Algernon, 110 North St., Portland, Me.....1884
Freedline, C. L., Shankville, Pa.....1905
Freeman, E. R., 7th and John Sts., Cincinnati, Ohio.....1899
Fuller, George T., Mayfield, Ky.....1892
Fulliam, E. B., Muscatine, Iowa.....1904

Gadd, E. E., Elkhart, Iowa.....1904
Galieher, Pierre, Laurens, Iowa.....1898
Garth, Thomas, Clarion, Iowa.....1884
Gage, Wm. H., Colorado Springs, Colo.....1904
Gates, H. W., Waco, Texas.....1904
Gates, Rosa B., Waco, Texas.....1904
Gauvreau, Edward T., Superior, Wis.....1887
GEMMILL, W. T., Forest, Ohio.....1879
Gere, G. G., 225 Geary St., San Francisco, Cal.....1896
Glover, C. S., Russellville, Mo.....1904
Goldman, J. M., Monroe City, Ind.....1904
Gordon, Wm. S., R. F. D. No. 2, Kokomo, Ind.....1903
Gortney, L. C., Babb, Ark.....1903
Goss, J. H., Decatur, Ga.....1903
Graves, Grace A., 2523 N. Ayers Ave., Irving Park, Chicago, Illinois 1904
Graves, H. S., Hurley, S. D.....1902
Graves, N. A., 518 W. Chicago Ave., Chicago, Ill.....1897
Gray, J. T., Griffin, Ga.....1903
GREEN, MILBREY, 567 Columbus Ave., Boston, Mass.....1874
Greenfield, J. S., Avon, S. D.....1905
Gregg, E. H., Brandt, Ohio.....1898
Gress, P. P., Atchinson, Kas.....
Griffith, B. A., Swan Creek, Ill.....1902
Grigsby, Ulysses G., Gilmore City, Iowa.....1899

Haiflev, W. H., Amboy, Ind.....1901
Halbert, Pleasant W., Cyruston, Tenn.....1889
Halbert, T. E., Nashville, Tenn.....1895
Halbert, William H., 133 Seventh Ave., N., Nashville, Tenn....1886
Hamlin, Mont. M., 2900 Lawton Ave., St. Louis, Mo.....1903
Hansberry, A. J., Ozark, Ark.....1904
Harbert, J. P., Bellefontaine, Ohio.....1902
Harding, W. O. C., Cincinnati, Ohio.....1899
Hardy, Samuel A., 239 E. 32d St., New York.....1901
Harrod, Morse, Fort Wayne, Ind.....1902

Hartley, Charles A., 150 W. Cherry St., Troy, Ohio.....1885
Harvey, Welch R., Dana, Ill.....1892
HARVILL, J. PAUL, 1005 S. Market St., Nashville, Tenn.....1901
Harvill, M. M., Nashville, Tenn.....1904
Hatfield, Franklin P., Grenola, Kan.....1891
Hathcock, Giles, Belton, Ga.....1892
Hauck, J. H., Terre Haute, Ind.....1903
Hauss, Augustus P., E. Market and 14th Sts., New Albany, Ind. 1891
Hauss, Q. Robert, Sellersburg, Ind.....1899
Hawkey, W. G., Belvidere, Ill.....1902
Hawkins, Fred T., Swayzee, Ind.....1903
Hays, James, Dayton, Ohio.....1901
Helbing, H. Hugh, 1208 Kingshighway, St. Louis, Mo.....1901
Helsel, W. L., Scalp Level, Pa.....1904
Hemminger, C. J., Rockwood, Pa.....1904
Henderson, A. L., Lathrop, Mo.....1904
Henderson, H. L., Astoria, Ore.....1890
Hennel, M. H., Coshocton, Ohio.....1904
Henry, Meredith W., *ex.*, Waelder, Gonzales County, Texas..1885
Herring, N. A., 149 Pipestone St., Benton Harbor, Mich....1899
Herzog, Alfred W., 154 E. 30th St., New York.....1901
Hester, E. E., Clarence, Ill.....1903
Heeve, W. L., 302 Sumner Ave., New York City.....1905
Hinds, Mrs. Harriet C., 32 W. Grove St., E. Orange, N. J...1889
Hinton, G. A., Hot Springs, Ark.....1904
Hipp, W. Harrison, 100 State St., Chicago, Ill.....1903
Hite, George M., 610 Monroe St., Nashville, Tenn.....1889
Hobby, A. W., Port Jefferson, Ohio.....1903
Hockett, C. P., Kouts, Ind.....1903
Hollingsworth, A. S., Urbana, Ind.....1903
Hollingsworth, T. D., Creston, Ohio.....1903
Holmes, George W., Sharpes, Fla.....1901
Holmes, David W., Bellevue, Texas.....1901
Holmes, Robert Edwin, 716 N. 6th St., Harrisburg, Pa.....1900
Holmes, William N., Wilcox Building, Nashville, Tenn.....1899
Hoover, Eli M., N. W. cor. 2d and Chestnut Sts., Halstead, Kan. 1890
Howes, Pitts Edwin, 703 Washington, St., Dorchester Dist., Boston 1895
Hudson, W. C., Mulberry, Ark.....1901
Hulick, G. O., East St. Louis, Ill.....1904
Hull, E. S., Milton Junction, Wis.....1902
Hull, J. S., Hicksville, Ohio.....1899
Hyde, George W., 502 S. Madison St., Clinton, Ill.....1881

Irvin, Elizabeth, 153 E. 47th St., New York City.....1901
Isley, M. D. L., Excelsior Springs, Mo.....1904

James, W. J., Clay Center, Kan.....1904
Johnson, G. R., Templeton, Mass.....1905
JOHNSON, G. W., 104½ E. Houston St., San Antonio, Texas..1891
Johnston, Wm. A., Falmouth, Ind.....1903
Jones, B. K., Kenton, Ohio.....1900

Kampen, H. L., Kirkwood, Ill.....1903
Kennell, J. W., Fort Wayne, Ind.....1902
Keck, C. E., Barnstable, Mass.....1905
Keith, L. S., Towanda, Ill.....1900
Ketchum, Marshall B., Los Angeles, Cal.....1900
Keys, J. M., Omaha, Neb..... 1904
Kidd, Walter J., Burlington, Ind.....1903
Killough, R. S., Spring Hill, Ky.....1901
King, A. E., Brooklyn, N. Y.....1905
King, Earl H., Saratoga Springs, N. Y.....1904
KINNETT, W. E., Yorkville, Ill.....1887
Klahr, Frank P., Haricon, Wis.....1902
Knapp, G. H., Cincinnati, Ohio.....1905
Krapf, Geo. E., St. Louis, Mo.....1904
Krausi, William J., 216 E. 17th St., New York City.....1900

Laflin, Harvey B., 112 S. 11th St., LaCrosse, Wis.....1880
Leister, William L., Rogers, Ark.....1899
Lester, W. H., Dublin, Ky.....1904
Link, J. J., St. Louis, Mo.....1904
Lloyd, Charles, 176 Amity St., Brooklyn, 36 W. 93d St., New York City 1900
Lloyd, John Uri, Cincinnati, Ohio.....1898
Long, Henry, 232 Massachusetts Ave., Indianapolis, Ind.....1871
Longfield, F. J., Lathrop, Mo.....1904
Louis, Wm. I., Brooklyn Hills, New York.....1903
Louther, J. M., Somerset, Pa.....1905
Louther, J. B., Somerset, Pa.....1905
Low, Phoebe, Liberty, N. Y.....1896

Maple, W. W., Des Moines, Iowa.....1904
March, S. F., 1400 Grand Ave., Kansas City, Mo.....1903
Markee, H., Blandinsville, Ill.....1904
Marks, W. L., 705 S. Division St., Grand Rapids, Mich.....1890
Martin, J. J., Bucyrus, Ohio.....1904
Massey, R. E., Topeka, Kan.....1904
Matthew, John B., Blue Mound, Ill.....1903
McCANN, J. D., Monticello, Ind.....1892
McClanahan, J. T., Boonville, Mo.....1897
McCurdy, Columbus, Vermont, Ill.....1892
McDermott, W. B., New York City.....1905
McElhinney, J. H., New London, Ohio.....1898

McGinnis, Marietta Grant, Ozone Park, Long Island, N. Y...1900
McGrew, W. H., Marion, Ind.....1903
McHenry, O. P., Hamilton, Ohio.....1903
McKee, C. E., Dublin, Ind.....1903
McKlveen, J. A., Chariton, Iowa.....1870
McLachlan, Chas. M., Elwell, Mich.....1899
McLeod, W. O., 502 W. 4th St., Santa Ana, Cal.....1896
McMillen, Bishop, Columbus, Ohio.....1895
McNeal, George L., Deer Creek, Ind.....1903
Mercer, B. W., Tiffin, Ohio.....1899
Metheny, Sam'l, Lincoln, Neb.....1904
Michener, Homer, Wichita, Kan.....1891
Migrath, J. W., Macon, Ga.....1904
MILES, E. EDWIN, 126 Warren St., Boston Highlands, Mass..1871
Miles, T. Willis, 17th and Stout Sts., Denver, Colo.....1883
Mitchell, J. C., 1004 5th St., Louisville, Ky.....1902
Mock, W. K., Cleveland, Ohio.....1904
Monroe, James A., Wheeling, W. Va.....1890
Moore, O. M., York, Neb.....1904
Morey, Mary B., Gonzales, Texas.....1901
Morrill, J. J., Oscar, Ky.....1904
Morrow, B. B., Mount Victory, Ohio.....1903
Morrow, Sarah F., Nobility, Texas.....1901
Moses, Frederick W., R. F. D. No. 6, Columbus, Ind.....1903
Mundy, W. N., Forest, Ohio 1888
Mulholland, J. M., Pittston, Pa.....1905
MUNN, STEPHEN B., *ex.*, 35 Leavenworth St., Waterbury, Connecticut 1870
Murphy, S. H., Thayer, Kan.....1904

Neff, W. W., Greensfork, Ind.....1903
Neldon, C. M., Coshocton, Ohio.....1904
Nesbit, O. B., Valparaiso, Ind.....1904
Niederkorn, J. S., Versailles, Ohio.....1903
Nifer, Frank J., 219 S. Maryland St., Indianapolis, Ind.....1888
Nixon, Marion C., Smithville, Ark.....1903
Noble, Frederick A., 210 Taylor St., Seattle, Wash.....1897
Nolan, John P., 41 Charlton St., New York.....1889

O'Brien, S. F., Hillsboro, Ky.....1901
O'Neal, L. P., Mechanicsburg, Pa.....1895
Outland, P. P., Lanesfield, Ohio.....1903
Owings, Thomas, Hinckley, Ill.....1903

Pace, E. C., Osawatomie, Kan.....1904
Packer, E. B., 622 Market St., Osage City, Kan.....1899
Padgham, R. W., Geneva, N. Y.....1905
Palmer, Chas., 1400 Grand Ave., Kansas City, Mo.....1903

Palmer, M. J., Beardstown, Ill.....1903
Park, Anna E., 517 W. 23d St., New York City.....1881
Patterson, W. O., Pueblo, Colo.....1904
Pearlstein, W. B., Brooklyn, N. Y.....1905
Perce, L. A., Long Beach, Cal.....1904
Perrins, John, 218 Tremont St., Boston, Mass.....1874
Perrins, Oscar A., 994 Halsey St., Brooklyn, N. Y.....1898
Phillmair, F. G., Boston, Mass.....1905
Pickett, Cyrus, Broken Bow, Neb.....1904
Pollock, Wm. John, 518 W. Chicago Ave., Chicago, Ill.....1902
Porter, A. W., Loogootee, Ind.....1903
Postle, W. E., Shepard, Ohio.....1899
Potter, George E., 87 Halsey St., Newark, N. J.....1879
Powell, J. H., Fitzgerald, Ga.....1903
Pratt, H. P., Masonic Temple, Chicago.....1902
Price, P. F., Milo, Iowa.....1904
Price, V. C., Illinois and Cass Sts., Chicago, Ill.....1870

Quigg, C. E., Tomah, Wis.....1895
Quigg, H. D., Blackwater, Mo.....1898

Rader, J. A., Caney, Kan.....1904
Ramey, W. N., Lincoln, Neb.....1901
Range, F. W., Roseville, Ill.....1904
Rauch, William, Johnstown, Pa.....1900
Ray, C. Wilbor, Mountain Lake, Minn.....1901
Reading, A. H., 6600 Jackson Ave., Chicago, Ill.....1902
Reading, E. M., 6501 Kimbark Ave., Chicago.....1903
Reeder, J. C., Montezuma, Ind.....1903
Reid, C. P., Hampshire, Ill.....1900
Reny, Henry, Biddeford, Me.....1899
Rice, John P., Fredericksburg, Texas.....1902
Richardson, Ethyl H., 835 Cedar St., Quincy, Ill.....1900
Richardson, J. L., Lowes, Ky.....1904
Richardson, Ray L., Quincy, Ill.....1904
Richter, Augustus F., 27 Beach St., Bridgeport, Conn.....1894
Rigg, C. H., Middletown, Mo.....1896
Rinehart, J. H., Centropolis, Kan.....1904
Rhodes, R. O., Clay Center, Kan.....1898
Robertson, J. D., 580 W. Madison St., Chicago, Ill.....1896
Robertson, W. V., Atlanta, Ga.....1900
Rockafellow, W. A., Laughry, Ind.....1903
Rogers, E. H., Stevens Point, Wis.....1894
Ross, J. G., Portland, Ind.....1899
Ross, Lydia, Watertown, Mass.....1899
Rowe, J. Allen, 60 Niagara St., Buffalo, N. Y.....1903
Rowland, D. C., 2413 Correctionville Road, Sioux City, Ia....1897
Rudd, R. T., Fulton, Ky.....1901

Rush, C. H., Falls City, Neb.....1902
RUSSELL, L. E., The Groton, Cincinnati, Ohio.....1879
Russell, William H., Ipswich, Mass.....1899

Sanderson, Samuel F., East Minneota, Minn.....1902
Schmitz, Henry, 508 W. Chicago Ave., Chicago.....1902
Schussler, W. R., Orland, Ill.....1904
Scudder, J. K., 1009 Plum St., Cincinnati, Ohio.....1888
Seeley, C. W., Wileyville, W. Va.....1904
Shafer, Winfield S., Rochester, Ind.....1903
Sharp, E. G., Guthrie, Okla.....1899
Sharp, R. W., Buckland, Ohio.....1902
Sheets, Vaughn L., Chicago, Ill.....1903
Shelton, A. B., Boydsville, Ky.....1901
Shepard, William, Columbus, Ohio.....1899
Sherman, S. M., 244 20th St., Columbus, Ohio.....1895
Shewman, E. B., Waynesville, Ind.....1903
Shrout, W. T., Waldron, Ind.....1903
Shuey, Austin, Prospect, Ohio.....1899
Sillo, Valdimar, 406 W. 57th St., New York City.....1903
Simpson, F. N., Milbourn, Ky.....1904
Sloan, Nannie M., Latrobe, Pa.....1903
Sluyter, S. D., Ft. Wayne, Ind.....1902
Smale, W. W., Hot Springs, Ark.....1904
Smith, Chas. Gregory, 224 Dorchester Ave., Cincinnati, O...1902
Smith, Mrs. E. G., 349 Broad St., Bridgeport, Conn.....1883
Smith, H. C., Florence, Neb.....1904
Smith, J. D. Stevenson, 67 Gilbert St., Bridgeport, Conn....1883
Smith, J. M. T., Poplar Bluff, Mo.....1904
Smith, R. T. L., Russellville, Ark.....1904
Smith, T. D., Bremen, Ind.....1903
Smith, Wm. A., 1420 N. 19th St., St. Louis, Mo.....1902
Snapp, George U., Cottage Grove, Ore.....1896
Snell, F. W., Denneysville, Me.....1905
Snowdon, J. H., Center Ridge, Ark.....1903
Snyder, George, Weston, W. Va.....1897
Snyder, J. H., Cameron, Mo.....1886
Snyder, W. M., Jackson, Mich.....1903
Solomon, J. C., Los Angeles, Cal.....1904
Son, J. F., Ardmore, Ind. Ter.....1904
Spencer, J. R., 952 W. 8th St., Cincinnati, Ohio.....1895
Spindel, E. S., Springfield, Ill.....1903
Standee, C. E., Drewsey, Ore.....1901
Stephens, Albert F., 2300 University St., St. Louis, Mo.....1901
Stevens, J. V., Jefferson, Wis.....1902
Stevenson, E. H., Fort Smith, Ark.....1886
Stewart, J. S., Hastings, Neb.....1903
Stoller, S. V., Hamilton, Mo.....1885

Stouffer, P. J., 1205 Grand Ave., Pittsburg, Pa.....1901
STRATFORD, HENRY K., *ex.*, Austin, Ill.....1870
Stringham, Bryant, Bountiful, Utah.....1894
Strouse, Lee, 25 E. 4th St., Covington, Ky.....1898
Sutton, J. G., Rushsylvania, Ohio.....1903
Swepston, G. M., McArthur, Ohio 1897

Tatman, Pearl Hale, Eureka Springs, Ark.....1904
Taylor, A. P., 6th Ave. and N. High St., Columbus, Ohio...1899
Taylor, J. L., West Plains, Ky.....1901
Taylor, J. T., 113 S. 7th St., E., Salt Lake City, Utah.....1892
Taylor, R. B., Columbus, O.....1905
Teague, A. E., 116 Senate Ave., N. Indianapolis, Ind.....1903
Terpening, H. J., Fulton, N. Y.....1905
Terrell, C. A., 1562 Broadway, New York City.....1903
Theil, J. W., St. Bernard, Ohio.....1904
THOMAS, R. L., 792 E. McMillan St., Cincinnati, Ohio.....1893
Thomason, T. L., 614 Austell Building, Atlanta, Ga.....1903
Thompson, Geo. W., 142 E. 30th St., New York City.....1899
Tibballs, J. W., Grange, Ark.....1904
Tiel, Arthur R., Matteawan, N. Y.....1896
Tompkins, A. W., 2 W. 12th St., New York City.....1900
Trowbridge, Edward G., 103 State St., Chicago, Ill.....1901
Truax, Florence T., Tallapoosa, Ga.....1900
Truax, H. E., Tallapoosa, Ga.....1903
Tucker, H. S., 126 State St., Chicago, Ill.....1899
Turner, D. J., Cheney, Wash.....1891
Turner, H. S., Pomona, Cal.....1904
Turner, Thomas S., Lebanon, Ind.....1899
Turner, W. S., Waynesfield, Ohio.....1893
Twitchell, B. E., Belleville, Ill.....1904
Twitchell, R. A., 611 Ninth St., E. St. Louis, Ill.....1904

Unger, C. W., 106½ S. Broadway, Los Angeles, Cal.....1896
Upshaw, Ida W., 5015 Shaw Ave., St. Louis, Mo.....1903

Vick, W. B., Green Hill, Ind.....1899
Vincent, A. W., Valparaiso, Ind.....1898
Von Lackum, H. J., Dysart, Iowa.....1887

Waddington, J. E. G., 1024 Warren Ave., W. Detroit, Mich..1902
Waite, H. E., 207 E. 13th St., New York, N. Y.....1904
Waldron, M. H., Fairfax, W. Va.....1904
Walker, A. E., Union, Neb 1901
Walker, G. F., Boston, Mass.....1905
Washburn, Geo. W., Star City, Ind.....1903
Watkins, A. C., Jennings, La.....1904
Watkins, Lyman, Blanchester, Ohio.....1899

Watson, J. E., Otterville, Ill.....1904
Webley, F. D., Santa Rosa, Cal.....1905
Webster, H. T., 1010½ Washington St., Oakland, Cal.....1888
Weeks, G. A., Richmond, Me.....1905
Welbourn, O. C., Grant Building, Los Angeles, Cal.....1904
Wells, J. M., Vanceburg, Ky.....1901
Welty, S. F., Hicksville, Ohio.....1898
Werner, W. L., Thomas, W. Va.....1904
Wheat, W. W., Mecca, Ind.....1903
White, J. H., Mt. Ayr, Iowa.....1903
White, J. Newton, Queen City, Texas.....1900
White, J. W., West Alexander, Pa.....1904
White, Miranda C., 61 West Ave., Rochester, N. Y.....1888
White, William A., Leipsic, Ohio.....1901
Whitford, E. P., Westboro, Mo.....1898
Whitford, H. E., 63d and Stewart Ave., Chicago, Ill.....1902
Whitford, H. K., 228 Chicago St., Elgin, Ill., *ex*.....1870
Whitford, Susan K., 210 Dundee St., Elgin, Ill.....1892
Whitney, I. J., 26 Main St., Unadilla, N. Y.....1896
Widener, A. Jackson, cor. 5th and Main Sts., Little Rock, Arkansas 1903
Wight, Eli, 853 Warren Ave., Chicago, Ill.....1890
Wilder, Alexander, 5 N. 11th St., Newark, N. J. *ex*.....1870
Wiley, E. D., 302 W. Walnut St., Des Moines, Iowa.....1892
Wilkenloh, M., Chicago, Ill.....1905
Wilkins, A. C., Jennings, La.....1904
Williams, F. O., 196 E. Long St., Columbus, Ohio.....1899
Wilmeth, F. L., 121 S. 14th St., Lincoln, Neb.....1900
Wilson, C. N., Maysville, Ga.....1891
Wilson, A. W., 470 W. Madison St., Chicago, Ill.....1904
Winter, G. G., 118 E. Pennsylvania St., Shelbyville, Ind.....1899
Winter, C. G., Indianapolis, Ind.....1902
Wintermute, R. C., 129 W. 7th St., Cincinnati, Ohio.....1895
Witt, Stephen, North Dana, Mass.....1896
Witte, J. A., Moody, Texas.....1904
Wolfe, E. A., Dennison, Ohio.....1899
Woodward, A. B., Tunkhawnock, Pa., *ex*.....1874
Wottring, Louis C., Prospect, Ohio.....1899
Wright, E. M., Warsaw, Ohio.....1904
Wyatt-Hannath, W. H., 931 W. End Ave., New York City...1900
Wyman, W. A., 212½ 16th St., Cheyenne, Wyo.....1896

Yancey, J. M., Russellville, Ark.....1901
Yoemans, J. F., Wichita, Kan.....1904
Youmans, William G., Cedar Bluffs, Iowa.....1899
Young, Alsey B., Brownsville, Tenn.....1900
Younkin, Edwin, Villa Ridge, Mo.....1878
Yost, Lucien N., 400 Locust Ave., Fairmont, W. Va.....1897

Deceased Members

Names and Residences at Death.	Year of Death.
Acomb, James L., Tideout, Pa	1901
Adams, Wm. L., Hagardville, Conn	1901
Allen, Paul W., New York, N. Y	1880
Antle, F. P., Petersburg, Ill	1890
Anton, James, Lebanon, Ohio	1897
Armgardt, Henry, Brooklyn, N. Y	1901
Baines, O. O., Chicago, Ill	1896
Band, C., Monroe, Ore	1905
Barber, Martin N., Watertown, Wis	1893
Bates, David, Bonham, Texas	1896
Beam, Lemon T., Johnstown, Pa	1889
Beam, William C., Johnstown, Pa	1889
Biggers, S. T., Atlanta, Ga.	1902
Bell, J. Harvey, New York	1901
Blakely, Thomas, Jones, Mich.	1888
Borden, Lafever H., Paterson, N. J	1887
Boskowitz, Herman, Brooklyn, N. Y	1882
Bowlsby J., New York	1902
Bricker, William, Wabash, Ind.	1901
Brigham, L. B., Aurora, Ill	1893
Brockway, Theodore, Youngstown, Ohio	1900
Brothers, Isaiah, Youngstown, Ohio	1904
Buckland, W. O., Oakland, Cal	1903
Bundy, John H., Oakland, Cal	1881
Burroughs, George M., Bridgeport, Conn	1898
Burton, Rollin J., Albany, N. Y	1873
Butcher, J. C., Urbana, Ohio	1902
Buxton, H. W., Worcester, Mass	1882
Caiger, A. E., Boston, Mass	1895
Campbell, James H., Allen's Grove, Wis	1905
Cate, J. L. T., Coldwater, Miss	1903
Clark, Samuel, Lawrence, Ill	1893
Colvin, W. H., Irving Park, Chicago	1904
Conklin, Amariah, Manchester, Mich	1892
Corey, John A., Florence, Ky.	1889
Covert, George, Clinton, Wis	1902
Covington, Henry, Pleasantville, Iowa	1875
Curryer, W. F., Indianapolis, Ind	1902
Dale, George W., Iola, Wis	1901

Darman, William, Philadelphia, Pa.....1887
Davison, A. L., Weiser, Idaho.....1897
Day, L., Monroe, N. Y.....1901
DeCrow, Herbert, Newark, Ohio.....1900
Delbridge, George H., Atlanta, Ga.....1899
Denman, J. R., Charleston, Ill.....1878
Douglass, David D., Port Leyden, N. Y.....1899
Duncan, Joseph R., Crawfordsville, Ind.....1904

Feather, Ira C., Sandy Lake, Pa.....1888
Firth, Horatio E., Brooklyn, N. Y.....1883
Forster, Andrew P., Fort Scott, Kan.....1889
Fraser, Thomas R., Pictou, N. S.....1882
Frazee, Lewis, Perryville, Ind.....1882

Gamble, William J., Mosiertown, Pa.....1888
Geddes, Robert W., Winchendon, Mass.....1886
Gibbs, Aaron L., Hope, N. J.....1884
Goetchius, L. O., Saratoga Springs.....1901
Goss, I. J. M., Marietta, Ga.....1896
Granger, Thomas A., New York City.....1880
Green, H. H., Atlanta, Ga.....1897
Gregory, John L., New York City.....1882
Gridley, F. D., Binghamton, N. Y.....1906
Grinnell, John L., Peabody, Kan.....1892

Hamilton, J. W., San Francisco, Cal.....1904
Hamilton, Robert, Saratoga Springs, N. Y.....1894
Harney, Cambell H., Waupun, Wis.....1888
Harris, Thomas L., Cazenova, N. Y.....1891
Hatch, William Collins, New Sharon, Me.....1902
Hausen, Christian, Oakland, Cal.....1882
Hayden, Wm. R., Bedford Springs, Mass.....1903
Hector, Cornelius, Rochester, Fulton County, Ind.....1896
Hobson, William H., Irving, Ill.....1890
Hodgkins, N. Dwight, Rocky Hill, Conn.....1884
Hooper, Marvin S., Burlington, Iowa.....1896
Hopkins, Charles C., Evans' Mill, N. Y.....1884
HOWE, ANDREW J., Cincinnati, Ohio.....1892
Howe, Julia R., Chicago, Ill.....1898
Huckabee, J. W., Atlanta, Ga.....1903
Hulbert, Joel C., Rochester, N. Y.....1891
Hull, George E., Carthage, N. Y.....1885
Hyde, G. M., Clinton, Ill.....1905

INGALLS, WALTER M., Amelia, Ohio.....1879
Ingham, Henry, Bellows Falls, Vt.....1889
Ingraham, S. W., Chicago, Ill.....1891

Jilson, Harvey D., Fitchburg, Mass.....1878
Johnson, Ira T., Orange, Mass.....1888
Johnson, J. R., Cotton Gin, Texas.....1897
Johnson, John G., Wellfleet, Mass.....1896
Johnson, John H., New York City.....1874
JOHNSON, JOHN WESLEY, Hartford, Conn.....1872
JUDD, SAMUEL S., Janesville, Wis.....1887

Kenney, Moses B., Lawrence, Mass.....1881
Kermott, John W., Detroit, Mich.....1882
King, G. W., King's Station, N. Y.....1902
KING, JOHN, North Bend, Ohio.....1893
Kirkpatrick, George, La Harpe, Ill.....1898

LATTA, W. S., Lincoln, Neb.....1901
Linquist, Charles F., New Haven, Conn.....1889
Locke, F. J., Newport, Ky.....1903
Lounsberry, Charles F., Nevarino, N. Y.....1884

Mallory, M. B., Los Gatos, Cal.....1899
Marmon, John W., Mitchellville, Iowa.....1876
Martin, W. C. E., Greenville, Pa.....1885
Mason, John D., Boston, Mass.....1892
McKee, David B., Hutchinson, Kan.....1903
McLeary, Matthew, Boston, Mass.....1892
McMullen, William, Burlington, Kan.....1891
McMurtrey, J. N., Salem, Mo.....1897
Merkel, Gottfried H., Boston, Mass.....1893
Miles, Mason M., Aurora, Ill.....1893
Morehardt, F. L., New York, N. Y.....1903
Murphy, J. J., Salt Lake City, Utah.....1894

Newton, Edgar Orrin, Hot Springs, Ark.....1887
Newton, Robert Stafford, New York City.....1881
Nicolay, William J., Minier, Ill.....1896
Nims, William W., Syracuse, N. Y.....1896

Owen, Reuben H., Haverstraw, N. Y.....1883

Palmer, N., Brooklyn, N. Y.....1876
Parr, John, New Boston, Mich.....1889
Phelps, Mrs. L. J., Syracuse, N. Y.....1895
Pickerell, George W., Indianapolis, Ind.....1895
Pierce, C. E., Little Rock, Ark.....1903
Piper, Henry Beam, Tyrone, Pa.....1895
Potter, A., Springfield, Ohio.....1885
Potter, Stephen H., Hamilton, Ohio.....1883
Povall, Henry, Mount Morris, N. Y.....1892

Prentiss, M. M., Rushville, Ill. 1883
Purdie, A. J. N., Otselic, N. Y. 1890

Randall, L., New York. 1902
Robinson, Morton, Newark, N. J. 1893
Roche, David F., Boston, Mass. 1892
Rolphe, Stephen M., Belle Plaine, Kan. 1885
Rosenberg, J. H., Osage City, Kan. 1889
Rush, Alfred B., German, Ohio. 1885

Sandmeister, Charles, Bellevue, Ohio. 1888
Sax, Austin J., Americus, Kan. 1887
Schlabaum, John C., San Francisco, Cal. 1902
Schmitt, Joseph A., Belleville, Ill. 1893
SCUDDER, JOHN M., Cincinnati, Ohio. 1893
Shafer, George R., Peoria, Ill. 1906
Shaw, Edward M., Allen, Mich. 1882
Sherwood, Augustus C., San Diego, Cal. 1886
Simmons, Thomas, Hartford, Conn. 1894
Smith, Dennis F., Brooklyn, N. Y. 1884
Spencer, Horace, Plainfield, Ill. 1900
Springsteen, Albert G., Cleveland, Ohio. 1882
STANDLEE, E. LEE, St. Louis, Mo. 1902
Stanton, Lyman, Copenhagen, N. Y. 1870
Stillman, Asa G., Troy, N. Y. 1884
STOW, BENJAMIN JONES, Brooklyn, N. Y. 1888

Taft, Simon, Newark, N. J. 1889
Thompson, Alexander, Meadville, Pa. 1885
Thompson, C. D., Oil City, Pa. 1891
Tiesler, Eugene, Orange, N. J. 1893
Trask, R. S., Hastings, Mich. 1904

Vail, Albert H., Carlstadt, Cal. 1893
Van Riper, J. A., Shaftsburg, Mich. 1900

Waller, W. D., Columbia, Conn. 1896
Wares, Abel, Haverhill, Mass. 1897
West, H. D., Southbridge, Mass. 1899
Westcott, Austin B., Chicago, Ill. 1891
Williams, Daniel Bullard, Opelika, Ala. 1890
WILLIAMS, DAVID, Columbus, Ohio. 1902
Williams, John W. R., Opelika, Ala. 1894
Williamson, E. J., St. Louis, Mo. 1895
Winans, Robert, Benton Harbor, Mich. 1883
Wohlgemuth, Henry, Springfield, Ill. 1905
Wood, Alfred A., Jefferson, N. Y. 1875
Wood, Almon, Durhamville, N. Y. 1882

Wright, C. E. M., Gilman, Ill. 1900
Wright, S. B., Lane, Kan. 1884
Wright, William R., Bath, Me. 1887

YEAGLEY, BENJAMIN L., Johnstown, Pa. 1895
Yeagley, Henry L., Lancaster, Pa. 1902
Yost, P. D., St. Louis, Mo. 1883

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